Perceptions and awareness of homoeopathy in the rural Matatiele municipality in the Eastern Cape Province

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Declaration

This is to certify that the work is entirely my own and not of any other person, unless explicitly acknowledged (including citation of published and unpublished sources). The work has not previously been submitted in any form to the Durban University of Technology or to any other institution for assessment or for any other purpose.

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Signature of student Date

Approved for final examination

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Dedication

I dedicate this work to God Almighty, thank you Father for constantly giving me strength to finish this work. Indeed, all things work together for good to and for those who love the Lord and are called according to His purpose.

1 CORINTHIANS 2:9

Queen Mother (Constance Bolutu Bolobolo), my rock, I can never thank you enough Motloung. Kea leboha Maloka. Thank you for showing unconditional love and support in everything I do, you are the best mom in the whole World. Kemona kabaka la thapelo tsahao, ke bone hore kannete mosadi o tshwara thipa ka bohaleng. Ramasedi a o etse hantle Tebele.

Bonolo Thandokuhle Mdlalose, this is for you sonny. You are truly a gift from above, I promise to continually make you proud. I love you, I love you and I love you.

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Abstract

Introduction: Homoeopathy is a health profession that focuses on diagnosing, treating and the management of diseases. In recent years' homoeopathy has emerged as the fastest growing healthcare system in the world. Due to the shortage of healthcare facilities in South Africa, homoeopathy is one of the most cost-effective therapeutic method. Despite this, there is limited uptake of homoeopathic medicine amongst South Africans due to the lack of knowledge and misunderstanding of homoeopathy. The aim of this study was to determine the perceptions and awareness of homoeopathy in the rural Matatiele municipality in the Eastern Cape Province. The study aimed to answer two objectives, which were: 1) to determine the perceptions of homoeopathy amongst residents in the rural Matatiele municipality and 2) to determine the awareness of homoeopathy in the rural Matatiele municipality in the Eastern Cape Province in terms of perception and awareness questionnaire.

Methodology: A quantitative study, a survey method was employed where questionnaires were used to collect data. The study took place in Matatiele municipality and no study of this nature so far has been conducted in the rural Matatiele municipality focussing on perceptions and awareness of homoeopathy. Matatiele local municipality is situated within the jurisdiction of the Alfred Nzo district municipality and the municipality has a population of 203 843.

A sample realisation of 97.75% was achieved. The data collected were analysed using both descriptive and inferential statistics with a level of significance set at 0.05. All analyses were performed using SPSS (version 24).

Results: Out of the total of 391 participants who completed the questionnaire in full, (92.1%) reported that they had never heard of homoeopathy. On the contrary, (7.9%) respondents had heard about homoeopaths in the past. Amongst the few who had knowledge about homoeopathy, it emerged that there was a positive perception of homoeopathic practice. It was found amongst those sampled that there was an awareness that homoeopathic remedies have a scientific base, have undergone clinical trials, and are safe to use in the treatment of infants, pregnant women, and the elderly. Equally, important, the effectiveness of the homoeopathy remedy in the treatment of both

acute and chronic disease was placed in the same bracket as the allopathic medication. Consequently, some of the respondents stated that they would consider consulting with a homoeopath because homoeopathy is natural. Hence, a majority indicated that they were keen to know more about homoeopathy.

Conclusion: From the results drawn from the respondents, it was sufficing to say that the level of knowledge of homoeopathy amongst participants was minimal, with, only 31 out of 391 respondents have heard of homoeopathy.

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Definitions of terms

Complementary Alternative Medicines is a group of medicinal therapies that are seen as an alternative to the usual allopathic medicine.
Miasmatic treatment is the management of a case that intended to treat a miasm that presents in an individual or society. A miasm is a trait that presents in an individual making them susceptible to a pattern of morbidity and it can either be inherited or acquired (Swayne 2000).

Perception is the process of selection, organisation and interpretation of stimuli from the environment (Milton 1981).

Survey is a method of gathering information from a specified target Group and it is often used to measure the prevalence of attitudes, beliefs and behaviour (Fink and Kosecoff 1985).

Awareness in general means, knowledgeable being conscious; cognisant, informed alert. (Gafoor 2012). In this study, the awareness of homoeopathy in Matatiele were measured by the participant's knowledge of homoeopathy practice, knowledge of homoeopathic remedies, and consultation.

List of Acronyms

Acronym	Full Name
AHPCSA	Allied Health Professionals Council of South Africa
AIDS	Acquired Immune Deficiency Syndrome
CAM	Complementary Alternative Medicine
DUT	Durban University of technology
GP	General Practitioner
HIV	Human Immunodeficiency Virus
HPCSA	Health Professional Council of South Africa
HSA	Homoeopathic Association South Africa
MLM	Matatiele Local Municipality
NHS	National Health Systems
NHI	National Healthcare Insurance
UJ	University of Johannesburg
UK	United Kingdom
USSR	Union of Soviet Socialist Republics

CHAPTER 1: INTRODUCTION

1.1 OVERVIEW

Homoeopathy is a system of complementary and alternative medicine that uses specially prepared highly diluted substances with the aim of triggering the body's own healing mechanism (Homeopathy Handbook 2019). Homoeopathy has played a big role in the health care of South Africans, even though it has not gained access to form part of the public health care system. Homoeopathy has gained legal recognition though it functions in the peripheral medical structure. Homoeopathy became a registered profession in 1974 and it came under the sovereignty of the South African Allied Health Service Professions Board in 1982 (Moys 1998). Homoeopathy started in 1989 at the Technikon Natal which is now known as Durban University of Technology (DUT) and in 1993 at the Technikon Witwatersrand which now known as the University of Johannesburg (UJ).

Homoeopathic training is registered by the South African Qualifications Authority (SAQA) which demands that every student undergo a process where they are being trained and proven to be competent for Homoeopathic qualification (SAQA 2012), this is done to ensure the maintenance and viability of established Homoeopathic practices. Homoeopaths are at present functioning in the private health sector and are not employed in public health facilities.

In South Africa Homoeopathic training is a five-year master's degree programme offered only at Durban University of Technology (DUT) and the University of Johannesburg (UJ) (Homoeopathic Association of South Africa (HSA) 2008). The Homoeopathy Masters' degree consists of course work that is branched into three categories: clinical practicum, research, and theory. As highlighted in Table 1.1, the homoeopathic program at DUT offers its qualification levels as follows:

Table 1.1: Qualification levels

Qualification	Qualification code	Important Date
ND: Homoeopathy	NDHOM I	Teach out date 2020
ND: Homoeopathy (ECP)	NDHMF I	Teach out date 2021
BTech: Homoeopathy	BTHOM I	Teach out date 2023
BHSc: Homoeopathy	BHHOM I	Introduced in 2015
BHSc: Homoeopathy (ECP)	BHHMF I	Introduced in 2015
MHSc: Homoeopathy	MHSCH I	Introduced in 2019
MTech: Homoeopathy	MTHOM I	Teach out date 2015
DTech: Homoeopathy	DTHOM I	

The aim of this questionnaire study was to determine the perceptions and awareness of homoeopathy amongst people living in the rural Matatiele municipality of the Eastern Cape. Matatiele local municipality is situated within the jurisdiction of the Alfred Nzo district municipality, the municipality is bound to the north by Lesotho, to the northeast by KwaZulu Natal (KZN) and Elundini municipality to the southwest, the municipality incorporates the towns of Matatiele, Cedarville and Maluti (Final Integrative Development Plan 2012 - 2017 Matatiele 2012). Matatiele local municipality has a population of 203 843 (Statistics South Africa 2011).

Traditionally, perception has been defined as an immediate product of sensory experience whether through taste, sight, hearing, touch or smell (Milton 1981; Gleitman *et al.* 2010). In the context of this study, and according to the early report by Hamilton (2005), perception is viewed as a process of forming and interacting with mental representations about people or their profession. Amongst few studies (Small 2004; Maharaj 2005; Macquet 2007; Lamula 2010) that have been conducted on the

perceptions of homeopathy, the results have shown that people know little about homoeopathy and they were interested in learning more.

There is a poor understanding of homoeopathic medicines and the general use of them amongst a large number of the South African public. This, and according to the views of Paruk (2006) may be attributed to a lack of complete data with regards to what is known about homoeopathy and what misunderstandings exist amongst the general public.

1.2 RESEARCH PROBLEM

According to a report by the World Health Organisation (WHO 2016), there is a global crisis in health and health care systems, and South Africa is no exception. Coovadia *et al.* (2009) point out that South Africa's health care systems are under extreme strain which has contributed to a significant increase in the burden of diseases. Equally concerning, there is a shortage of skilled and trained health workers in the South Africa health care system, particularly in rural communities. Given these concerns, the National Development Plan (2011) had advocated for a radical transformation in the health care system. In achieving this mandate, alternative health care practices like homoeopathy become highly important to compliment the shortages of health care workers in South Africa. However, and despite the fact that homoeopaths are highly trained and skilled to carry out both chronic and acute treatment that does not require surgical interventions, there is still poor awareness and knowledge of homoeopathy amongst many South Africans. Undeniably, there is a scarcity in terms of studies that have been conducted in South Africa with regards to perceptions of the public/general population towards homoeopathy. The limited studies (Small 2004; Maharaj 2005; Macquet 2007; Lamula 2010), however, provide evidence that there is a lack of knowledge regarding homeopathy in South Africa.

1.3 RATIONALE OF THE STUDY

Although the bill of rights guarantees equal access and provisions to a quality health care for all South Africans (South African Human Rights Commission 2004), this is, however, not the case with respect to the distribution of resources for those living in rural and urban areas. Particularly, there is a high shortage of health care workers which has put a huge strain in the public health care system, thereby, contributing to an increase in the burden of disease (Coovadia *et al.* 2009). While homoeopathic remedies may provide an alternative form of medical treatment, there is limited awareness and knowledge amongst the general public regarding homoeopathy (Small 2004; Maharaj 2005; Macquet 2007; Lamula 2010). By conducting this survey, it is envisaging that the general public may become educated about homoeopathy which in turn would improve access to homoeopathic services. Ultimately, this study will increase the awareness of homoeopathy in rural Matatiele; and by extension, provide initial base information that could help provide support and motivation for homoeopathy inclusion into the public health care system.

1.4 AIM OF THE STUDY

The aim of this study was to determine the perceptions and awareness of homoeopathy amongst people living in the rural Matatiele municipality of the Eastern Cape Province.

1.5 OBJECTIVES OF THE STUDY

1. To determine the awareness of homoeopathy in the rural Matatiele municipality in the Eastern Cape Province.
2. To determine the perceptions of homoeopathic remedies, the effectiveness of treatment, and safety of the medication amongst residents in the rural Matatiele municipality.

1.6 CONCLUSION

In summary, the above chapter has foregrounded the background and context of the study. This steers the research towards the research problem, aim and objectives by bringing to the forefront the importance of homoeopathy as an alternative option to help address the shortage of health care workers. The next chapter will present the literature review.

CHAPTER 2: LITURATURE REVIEW

2.1 INTRODUCTION

This chapter gives an overview of what homoeopathy is, what perceptions are and the factors influencing perceptions. It will give a review of the literature from both related local and international studies. It will provide a brief explanation of the local environment of Matatiele municipality and the health care in that area.

2.2 HOMOEOPATHY

2.2.1 Definition

Homoeopathy is a therapeutic medical system which promotes health and well-being, the phrase homoeopathy is derived from the Greek words 'homoios', that means like, and 'pathos', that means suffering (Homoeopathic Association of South Africa 2008). Homoeopathy is based on the fundamental principle of *similia similibus curentur*- 'let likes be cured with like', which means that components that are successful of inflicting the mind or the physique in healthy people can be used in the dilute remedies as a treatment to deal with similar issues in any individual who is ill (Sankaran 1991).

2.2.2 Discovery

Before homoeopathy was discovered, Hippocrates (c.460-c.370 BCE) argued that there were two viable ways to treat a disease, the principle of contraries (Law of Contraries) and the principle of similitudes (Law of Similar) (Eizayaga cited in Ross 2011)

Ross (2011: 36) noted that in the sixteenth century, Paracelsus (1493-1541) favoured the Law of Similar, furthermore he noted that "*Paracelsus was an eclectic follower of Hippocratic teachings and an avid vitalist. He subscribed to the notion of supporting the innate self-healing capacity of nature through minimal application of medicine and believed that this was the most easily achieved by the application of the law of similar remedy, as suggested by Hippocrates".*

German physician, Samuel Hahnemann (1755 – 1843), developed the Law of Similar in 1789 while translating a book by Willian Cullen into German. He noted that Cullen attributed the therapeutic effect of cinchona (Peruvian bark), in the treatment of malaria, to its astringent and bitter properties. Hahnemann questioned this assertion as he noted that there have been different medications bitter and astringent than cinchona that were not effective in treating a protozoal infection. He experimented with the substance by ingesting recurrent doses of cinchona and located that his body responded with chills, prostration, thirst and different febrile kind of symptoms the same as those of protozoal infection. Hahnemann posited that the rationale why cinchona was useful for malaria was that it caused similar symptoms to it (Cook cited in Solomon 2014).

2.3 HOMOEOPATHY AS A PROFESSION IN SOUTH AFRICA

2.3.1 Legal aspects

Homoeopathy was initially introduced in South Africa by the Dutch settlers, in the late 1820's (Gower 2013). In 1969, Dr. Lionell Mathews started out the South African Institute of Naturopathy and the worldwide College of Osteopathy. He later set up the South African Institute of Homoeopathy and students graduated with a diploma in Homoeopathy after 3 years. In 1974, the government mounted a registration process for those already in practice and in 1982 a new Act, the Chiropractors, Homoeopaths and Allied Health Services Professions Act, (Act 63 of 1982) was passed (Gower 2013).

The Allied Health Professions Council of South Africa (AHPCSA) is a statutory health body established in terms of the Allied Health Professions Act, 63 of 1982 (the Act) to regulate all allied health professions, which includes Ayurveda, Chinese Medicine, and Acupuncture, Chiropractic, Homeopathy, Naturopathy, Osteopathy, Phytotherapy, Therapeutic Aromatherapy, Therapeutic Massage Therapy, Therapeutic Reflexology and Unani-Tibb (Republic of South Africa 1982).

2.3.2 Education and Training

In 1987 Technikon Natal (Durban) started the first homeopathic course, a five-year full-time medico-scientific path in homoeopathy, based totally upon the medical curriculum. In 1992, Technikon Witwatersrand (Johannesburg) also started to offer a course in Homoeopathy. Both establishments (now Durban University of Technology and University of Johannesburg respectively) graduated practitioners with the Master's of Technology-Homoeopathy (MTech Hom) (Gower 2013).

In South Africa, formalised homoeopathic instructional requirements are intently aligned with those of allopathic medicine and are internationally acknowledged as education of excellence (Homoeopathic Association of South Africa 2008).

2.3.3 Scope of practice

The homoeopathic practitioner's scope of practice as per AHPCSA is as follows: "to *diagnose, and treat or prevent physical and mental disease, illness or deficiencies in humans; prescribe or dispense medicine; or provide or prescribe treatment for such disease, illness or deficiencies in humans"* (Republic of South Africa 1982).

2.3.4 Homoeopathy in practice

The aim of a homoeopathic consultation is to take complete case history that includes a patient's mental, emotional symptoms and general symptoms. In addition, the patient is assessed for hereditary or acquired susceptibility diseases, known as miasms. The information provided by the patient, aid a homoeopath to prescribe the corresponding remedy. Nonetheless, this requires the expertise and experience of the homoeopathic practitioner and when practiced in its untainted form a single remedy is administered and then symptoms are supervised over time. Looking at the patient's response over time with regards to the remedy used, the remedy and potency are repeated or changed (De Scheeper 2006).

2.3.5. Challenges for homoeopathy in South Africa

2.3.5.1 *Challenges of attracting Black students*

The profession of homoeopathy fails to entice adequate numbers of Black students for training (Razlog 2013). This may be due to the fact that there is a lack of

knowledge about homoeopathy in general but is particularly true for those from underprivileged backgrounds (Holgreaves 2007). The reality that homoeopathy is not the portion of the formal general health system comes about in restricted career choices and money related uncertainty for students upon graduation which especially deter those with constrained earnings or those from underprivileged backgrounds. This reduces the profession's capacity to reach and treat the larger part of South Africans, especially those from underprivileged areas (Mullinder 2013).

In an attempt to address this, the Department of Homoeopathy has instituted homoeopathic outreach community engagement clinics that have been found to be effective in giving homeopathic primary healthcare. According to the report by Smillie (2010) and Razlog (2013), the aforementioned community outreach has impacted positively on the surrounding community. Hence, it is reasonable to assume that homeopathy could contribute positively towards the public healthcare system in South Africa. This assertion strongly supports the early report by Wolf (2000) that Black patients appreciate homoeopathic holistic approach to treatment.

2.3.5.2 Contentious nature of homoeopathic remedies

Apart from the challenges of attracting Black students to the profession in South Africa, and despite being recognised under the South African law, the practice of homoeopathy is still faced with prejudice, and marginalisation amongst some of the allopathic practitioners (Ottermann 2012). The negative perception of homoeopathic practices may be attributed to a lack of knowledge and understanding of homoeopathy by some of the mainstream medical practitioners. For example, the utilisation of high dilutions beyond Avogadro's number remains a contentious debate in the field of medicine.

Since diluting homeopathic remedies beyond the Avogadro's number reflects that there is no molecule of the original substance remaining, the critics of homoeopathy alleged that the remedies are inert and, thus, have no biological effect. Solomon (2014), points out that not all homoeopathic remedies are diluted and potentised beyond the Avogadro's number. Notwithstanding this, Nobel Laureate and President

of the World Foundation for AIDS Research and Prevention, Luc Montagnier, who in 2008 was one of the winners of the Nobel prize for the discovery of HIV has been able to measure basic changes in water and electromagnetic signals from bacterial and viral DNA at exceptionally high dilutions, beyond Avogadro's number where not a single molecule of DNA is cleared out (Enserink 2010). His work gives credence and support of the active nature of homoeopathic remedies beyond the Avogadro's number.

Moreover, research has provided evidence that homeopathic remedies potentised beyond Avogadro's number has shown significant and reproducible effects on plants (Baumgartner, Doesburg and Andersen 2012). Equally important, other studies have claimed that homoeopathic remedies are highly effective in the treatment of animals, thus suggesting that homoeopathic remedies are more than just a placebo effect (Chaudhuri and Varshney 2007; De Paula Coelho *et al*. 2009).

While homoeopathic practices and remedies have been viewed with caution by the mainstream medicine, it is worth mentioning here that not all medical practitioners have a sense of apathy towards homoeopathy. For instance, in a study conducted by Selli (2003), the author found that 70% of the medical doctors that participated in the survey were in agreement that homoeopathy has a role to play in the public healthcare system of South Africa.

2.4 STATUS OF HOMOEOPATHY IN SOUTH AFRICA

Although there is limited knowledge about homoeopathy amongst many South Africans; however, the fact that allopathic medicine is the only option that is available at public health facilities restrict patients' options, creates a gap between allopathic medicine and other kinds of therapies (Van Wyk cited in Pillay 2013). Homoeopathy is currently not included officially within the public the primary healthcare sector in South Africa although it could theoretically serve to enhance this health sector and thus improve access to healthcare (Smillie 2010).

2.5 STATUS OF HOMOEOPATHY INTERNATIONALLY

There is increasing evidence in favour of complementary medicine which is supported by steady growth in the volume of published evidence on Complementary and Alternative Medicine (CAM) (Mann *et al*. 2004; Kemper *et at*. 2008; Joos *et al*. 2008). Despite this, the widespread CAM use by the public, treatment options are not widely available in the national health systems (NHS) (Fisher *et al.* 2004).

In the United Kingdom (UK) research studies were conducted evaluating the effectiveness of the fractional inclusion of homoeopathy into public healthcare. The outcomes indicated that homoeopathy is very effective in hospital and public clinic setting as it caused positive health changes for a large proportion of patients with several chronic illnesses (Robert 2008; Spence, Thompson and Barron 2005). When dealing with the stress of illness, homoeopathy medicine is valuable and beneficiary because of its inexpensive nature. For the sustainability of the healthcare system, the state should consider such factors (Spence, Thompson and Barron 2005). The United Kingdom (UK) has partly unified homoeopathy into its public healthcare system (Robert 2008). Facilities have been fashioned for the sole purpose of homoeopathic medicine which is available through the National health insurance (NHI). Robert (2008) stated that a few public hospitals also offer homoeopathic medicine to patients.

Countries that have partly integrated homoeopathy into their public healthcare system are still underdeveloped, are countries such as Cuba, Bangladesh, India, and Italy (Ullman 1991). The country of India has joined homoeopathy into its healthcare system successfully (Bakshi 2013). Homoeopathy is one of the leading medical therapies in India (Raman and Manchanda 2011) for it goes hand in hand with the tradition of the Indian population (Prasad 2007), and as it delivers holistic healthcare to quite a few people. Mahatma Gandhi greatly supports the harnessing of homoeopathy in India (Ullman 1991). Although a large number of homoeopathic practitioners practice privately, Indian government has tried its means to make homoeopathic service accessible to the public (Prasad 2007).

The Bangladesh people favour homoeopathic remedies over allopathic medicine and the government has been supportive of homoeopathy (Rahman 2013). The number of homoeopathic facilities was increased and made available to the public, as well as institutions that provide a homoeopathic education (Rahman 2013), the government also did pass a homoeopathic regulation in 1983. There are more than 10 accredited homoeopathic medical colleges by the state in Bangladesh (Bangladesh Homoeopathic Board 2015).

The inclusion of alternative medicine therapies in the healthcare system in Cuba was inspired by economic restrictions and the limitations of traditional medical care. Consequently, the economy and healthcare system suffered brutally following the crumbling of the Union of Soviet Socialist Republics (USSR) in 1991 (Nayeri, Candido and Lopez-Pardo 2005). CAMs are regarded to be more accessible and inexpensive for most of the population (Merz 2002). CAMs were then introduced to the already conventional Western medicine model (National Foundation for Alternative Medicine 2004).

In Cuba 25 years ago, the utilisation of homoeopathy has been stimulated Rossi *et al.* (2010) and discovered the huge contribution that has made ensuring the sustainability of public healthcare as well as improved health standards. In support of the incorporation homoeopathy into South African public healthcare system, it is useful to look at the impact that homoeopathy in other countries mentioned above. This could serve as a reference for how homoeopathy could make South Africa a better place with respect to a holistic healthcare service delivery.

Homoeopathy is estimated to be practiced and used in over 80 countries throughout the World (American Association of Homeopathic Pharmacists 2012). The market for homoeopathic medicine is a multi-million-dollar industry in the United States of America (USA) and most of the medical schools in the United States (US) offer courses of CAM (World Health Organization 2001).

The acceptance, training, and regulations of homoeopathy differ from country to country worldwide. In countries such as Germany, Belgium, Great Britain, and the Netherlands, homoeopathy may be practiced by homoeopaths who have trained in homeopathy and not necessarily medically trained. Whereas in countries like France, Venezuela and Brazil homoeopathy is thought to be a medical specialty therefore practitioners are required to obtain a minimum medical degree from attributed universities to further progress to homoeopathic training and practice (World Health Organization 2001).

Homoeopathy in other countries is included as being part of National Health Care System. For example, in India, homoeopathy is recognized as one of the National System of Medicine and it has been practiced for over 150 years (Alternative System of Health Care: National Portal of India 2012). Homoeopathy has been joined into the National Care Systems in other countries which include: Mexico, Pakistan and Sri Lanka (World Health Organization 2001).

In a non-systematic review of the use of CAM in 20 European countries conducted using published surveys and expert perspectives, Zuzak, and his co-authors found that over 50% of adults and children make use of CAM (Zuzak *et al*. 2013). Other parts of the United Kingdom and some countries such as Norway, Luxembourg, France, and Denmark cover the cost of homoeopathic treatment through their National insurance (World Health Organization 2001). Dacey (2011) stated that, in 2005 the Swiss government withdrew insurance cover for homoeopathy and other four complementary treatments. The government argued that CAMs have failed to meet the legal requirement of scientific proof on three important parameters, namely; efficacy, cost-effectiveness, and suitability (Dacey 2011). However, after the outcomes of the vote that were held in 2009, they re-established national cover for a six-year trial period beginning in 2012. Homoeopathy relics one of the most used and practiced CAM therapies in Europe, Commonwealth and South America (World Health Organization 2001; Zuzak *et al*. 2013).

2.6 MATATIELE HEALTHCARE

Matatiele local municipality accounts for 54% of the district population. The number of households is estimated at 54 208 households. Ninety-eight percent (53 241) is African and the majority reside in rural villages and formal townships around Matatiele, Maluti, and Cedarville. Population distribution is spread unevenly amongst 26 municipal wards. Matatiele has one hospital, the Tayler Bequest Matatiele Hospital, two TB Hospital namely Khotsong TB Hospital and Maluti Community Health Centre, 17 Clinics and 2 Mobile clinics. The application of the planning standards suggests that a population of 50 000 people needs to be provided with a hospital while 6000 people need to be provided with a clinic. Therefore, this suggests that the area is supposed to be serviced by 5 hospitals and 43 clinics which indicates a backlog of 2 hospitals and 19 clinics (Final Integrative Development Plan 2012 - 2017 Matatiele 2012).

The health facilities are also said to be inadequate to cater to community needs. Furthermore, due to the distant and rural nature of other villages, access by even mobile clinics in some villages is a challenge (Final Integrative Development Plan 2012 - 2017 Matatiele 2012).

2.7 KNOWLEDGE, ATTITUDES AND PERCEPTION TO COMPLEMENTARY AND ALTERNATIVE MEDICINE-INTERNATIONAL CONTEXT

Wilkinson and Simpson (2001) conducted a survey amongst nursing, pharmacy, and biomedical science students in order to determine student's attitudes towards the use of complementary therapies using a self-administered questionnaire. Results showed that students held favourable attitudes towards complementary therapies, with 78% of them having used complementary therapies within the past 12 months, and 56% of which had visited a complementary medical practitioner.

In 2002, research was conducted at the University of Birmingham Medical School, United Kingdom. It aimed to assess the first-year medical students' perceptions and

use of complementary and alternative medicines (CAM). Thirty-seven percent of the respondents had previous experience with CAM. Aromatherapy (51.7%) and homoeopathy (30.3%) were the most commonly used therapies. The majority (over 80%) of the respondents felt that CAM use had been helpful in treating their ailments. Hypnotherapy and aromatherapy were judged to be most helpful (Greenfield, Innes, Allan and Wearn, 2002).

In 2004, a survey of 518 university students in Australia were conducted to gain a better understanding of complementary and alternative (CAM) use. Results of the study indicated that 81.1% of the students used at least 1 of 24 CAM practices. Top practices were relaxation, massage, herbs, art therapy, and prayer. The most common health reasons for using CAM were stress or psychosomatic issues (i.e. anxiety, allergies, stress, and headaches). Other reasons reflected a positive perspective: lifestyle, availability and holistic health. In fact, 34.5% of the students claimed that they used CAM because they were searching for better results for their ailments, 33.1% used it to improve their lifestyle, 32.1% said they thought it had fewer side effects and 28.6% liked the holistic approach. Students who did not use CAM cited economic factors as the chief reason. Female students in the study showed greater use of CAM than males, 82.5% versus 77.2% (Feldman and Laura 2004).

In 2005, research was conducted to describe the prevalence of use of complementary and alternative medicine in Norway, Denmark, and Stockholm. The use of complementary and alternative therapies was 34% in Norway, 45% in Denmark, and 49% in Stockholm. These therapies were used more by women than men, and more by people with higher education. Homoeopathy was most frequently used in Norway (Hannsen *et al*. 2005).

Shahzad *et al.* (2012) administered questionnaires to 595 students enrolled in a 5-year Doctor of Pharmacy program (PharmD) in Pakistan. The results of students towards to use of CAM were appealing and the lack of evidence back upping CAM practices was regarded to be the most key factor and barrier of more students utilizing CAM. (Shahzad *et al.* 2012) continued to say the vast majority of students (79%)

approved that clinical care should join together CAM practices and conventional medicine. Many CAM-based therapies comprise homoeopathic medicines, dietary supplements, massage, and herbal medicines. The highest proportion of students eagerly desired more training in CAM. In conclusion, Pakistani students showed interest in the value of CAM and felt the necessity of including the PharmD curriculum.

For a thousand years CAM has been practicing in India. The objective of this study conducted by Vandana *et al.* (2015) was to find out the usage, perception, and attitude of patients and doctors concerning the utilisation of the CAM. The study was conducted at a tertiary care teaching Hospital among 200 doctors working there and 403 patients. The results revealed that CAM was being used by doctors of about 58% when compared with patients of about 28%. To conclude, Vandana et al. (2015) agreed with Shahzad *et al*. (2012) with regards to the inclusion of CAM in the medical curriculum.

2.8 KNOWLEDGE, ATTITUDES AND PERCEPTION TO COMPLEMENTARY AND ALTERNATIVE MEDICINE-SOUTH AFRICAN CONTEXT

A number of perception surveys have been performed by means of DUT Masters of Technology (Homoeopathy) students as the groundwork for their Master‘s dissertations. These surveys have investigated the level of information of homoeopathy amongst several corporations in South Africa, together with college pupils, doctors, pharmacists, pharmacy assistants, health shop proprietors and veterinarians (Macquet 2007). All of the studies showed that there is a lack of knowledge of homoeopathy amongst the respondents and little is understood about its methods and principles. However, there seems to be a regularly occurring consensus that individuals are interested in learning more about homoeopathy (Macquet 2007).

2.8.1 Knowledge, attitudes and perception to complementary and alternative medicine amongst South African healthcare professionals

In 1997, Daphne conducted a survey to determine the perception of pharmacists regarding the role of complementary medicine in the context of health care in South Africa. Out of 725 questionnaires that were sent to pharmacies around South Africa, only 160 (22%) were returned. Daphne stated that, due to the low response rate, the effects could no longer be considered as being accurately representative of the pharmacy profession as entire in South Africa and may also characterize a distorted view of their knowledge (Daphne 1997). However, Maharajh (2005) in her own study on the perceptions of general practitioners and pharmacists in the greater Durban area of homoeopathy found that most of the general practitioners (GP‘s) and pharmacists had some knowledge of homoeopathy but were uncomfortable with it, even though they felt it to be effective for some patients. Only half of the GP’s and less than half of the pharmacists felt that homoeopathy has a scientific basis. Equally, the study reveals that there were misconceptions about the training of homoeopaths that suggest skepticism and doubt towards homoeopathy. Most of the respondents felt that communication was poor between themselves and homoeopaths. 68.4% of pharmacists and 79.8% of GP‘s felt that co-operation amongst the different parties (pharmacists, GP‘s and homoeopaths) would be beneficial to all (Maharajh, 2005).

Regardless of the above, a recent survey conducted by Thandar, Botha and Mosam (2019) on community pharmacist’s knowledge, attitude and practices towards complementary and alternative medicines in Durban, South Africa reveal that majority of the pharmacist that participated in the survey were interested in broadening their knowledge of CAM. As such, the participants in the survey advocated for the inclusion of CAM in the undergraduate pharmacy curriculum.

The above study indicates a positive perception of CAM amongst the South African healthcare providers. This assertion further supports Allopi (2008) that nurses in eThekwini that participated in his survey felt that homoeopathy does have a role to play in a hospital setting (Allopi 2008). Consequently, nurses are advocating for the

inclusion of CAM in the nursing practices, as there is a growing interest in CAM treatment worldwide (Sibiya, Maharaj and Bhagwan 2017).

2.8.2 Knowledge, attitudes and perception to complementary and alternative medicine amongst South African public

In terms of the perceptions of the public on homoeopathy, Small (2004) reported that 76% of the grade 12 learners that participated in his survey about the perception of homoeopathy amongst grade 12 learners in Durban, South Africa had never heard of homoeopathy while only 3.7% had ever been to a homoeopath. However, 80% of those who had no experience of homoeopathy wished to learn about it. More than half of the respondents (76.6%) believed that the public does not generally accept homoeopathy as a form of medical therapy due to a lack of understanding of it (Small 2004).

Paruk (2006) conducted a study on pregnant women's perceptions of the use of homoeopathy during pregnancy. The study found that, although all the participants had heard of homeopathy, there was a lack of knowledge on what it entails (Paruk 2006). Despite this lack of knowledge, the consensus amongst the respondents was that homeopathy should be made available for the treatment of most medical conditions and be offered in hospitals and clinics (Paruk 2006).

Macquet (2007) assessed the level of knowledge and understanding that students at DUT have of homoeopathy. The author states that being a student is an important stage of life where a lot of learning takes place (Macquet 2007). The knowledge gained at this stage formulates the basis of one's understanding and attitude towards many things. These perceptions often extend into adult life and affect the decisions taken by the individual about certain things. Elaborating further, Macquet (2007) noted that a lot more should be done to advertise homoeopathy amongst tertiary education students. The levels of knowledge about homoeopathy were poor, there was a lack of knowledge of homoeopathy and most students have never experienced a homoeopathic consultation, which is consistent with other findings.

Thorvaldsen (2007) in his own study evaluated the perception of third-year medical students in the University of Cape Town and the University of KwaZulu Natal. The author reveals that 96% of the respondents had heard of homoeopathy and the respondents portrayed genuine interest, curiosity and a desire to know more about homoeopathy and its potential as a component of their medical practice, the respondents had a positive and accepting attitude towards homoeopathy, but a lack of knowledge of homoeopathy was clearly evident.

Harripershad (2009) reported on the perceptions of parents in the central Durban area towards paediatric homoeopathy. The author revealed that most respondents had a positive view of homeopathy in general and were excited to learn more about homeopathy. While other people are aware that homeopathy exists, a lack of knowledge and understanding of how it really works prevent them from seeking homeopathic treatment and a need to provide basic education to the public exists.

Lamula's (2010) determined the perception of homoeopathy amongst the African adult's resident in Mnambithi municipality KwaZulu-Natal. 98.6% of respondents had not heard of homoeopathy before. 0.1% of respondents had consulted a homoeopath, 83.8% of respondents indicated that they would consider consulting a homoeopath in the future, and 43.3% showed some interest in learning more about homoeopathy (Lamula 2010). Similarly, a more recent study by Love (2016) on perceptions and experiences of patients receiving homoeopathic care in the context of primary health services within the public sector revealed that participants trusted their homoeopathic provider and homoeopathic treatment outcomes.

Despite the above-perceived positive reception of homoeopathy by the South African public, Ross (2011) reported a scenario where a patient mistook a homoeopathic practitioner to '*isangoma*' [a traditional diviner] after consultation. The misconception of homoeopathic with African traditional medicine will lead to the departure for the next section.

2.9 EXAMINING THE RELATIONSHIP BETWEEN CAM AND TRADITIONAL MEDICINE

African traditional medicine has had a long history dating back before the colonial era and the emergence of allopathic medicine (Natako 2006). According to the World Health Organization (WHO 2008), traditional medicine is defined as *"the health practices approach, knowledge and beliefs incorporating plant, animal and mineral-based medicines, spiritual therapies, manual techniques, and exercises applied singularly or in combination to diagnose, treat and prevent illnesses or maintain well-being"*. In South Africa, it is estimated that 72% of Black South Africa population rely on traditional medicine multi which is seen as an important feature in the lives of thousands of South Africans (Sobiecki 2014).

Although tremendous progress has been achieving to integrate traditional and complementary medicine through a legislative framework for health practitioners, Gqaleni et al. (2007), and Sobiecki (2014), however, caution that traditional medicine in South Africa should not be confused with complementary and alternative medicine (CAM). Reiterating further Kofi-Tsekpo (2004) stressed that the term "African traditional medicine" is not synonymous with "alternative and complementary medicine." The author strongly emphasised that African traditional medicine is the African indigenous system of African health care and thus cannot be viewed as an alternative. In South Africa for example, Sobiecki (2014) revealed traditional health practitioners are organised into two main categories which are the herbalist (Zulu *inyanga*; Xhosa *ixhwele*; Tsonga *nyanga*; Sotho *ngaka*) and the diviner (Zulu *isangoma*; Xhosa *igqirha*; Tsonga *mungome*; Sotho *selaodi*).

Furthermore, and in terms of practice and education, traditional healer provides health care services based on culture, religious background, knowledge, attitudes, and beliefs that are prevalent in his community (Ezekwesili-Ofili and Okaka 2019). Consequently, their practices are premise on observations handed down from generation to generation, which could be verbal, in the form of stories, or spiritually by ancestors or, in writing (Mokgobi 2014). Nonetheless, initiation into a secret society

is a vital prerequisite before some of the characteristics of the traditional medicine are passed down to the initiate (Ezekwesili-Ofili and Okaka 2019).

Notwithstanding the above, African traditional beliefs are centred on the premises that the human being is made up of physical, spiritual, moral, and social aspects (Ezekwesili-Ofili and Okaka 2019). Thus, the treatment of an ill person involves not only aiding his/her physical being but may also involve the spiritual, moral, and social components of being as well. In this regard, and as hinted by Ross (2011), aligns with the tenet of homoeopathy as a holistic and integrative epistemology that values subjective experience and makes no ontological distinction between subject and object, body and mind. These tenets strongly differ from the allopathic point of view (Ezekwesili-Ofili and Okaka 2019). In addition, Ross (2011) posits that both homoeopathic and African traditional practitioner knowledge of medicinal plants shared certain fundamentals within the scientific dogma. These factors may have contributed to the perceptions in some quotas, particularly the unformed South Africa public that viewed homoeopathy and traditional medicine as the same coin.

2.10 CONCLUSION

The foregoing chapter had explicitly shown that complementary and alternative medicine (CAM) is gaining attention as alternative treatment modalities worldwide. In particular, the section reveals that the South African public had a positive perception and attitude towards CAM practices. As such, healthcare professionals in South Africa had repeatedly called for the inclusion of CAM to their training curriculum. The next section, therefore, detailed the research design and methodology adopted in the study.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter discusses the methodology used to design and execute this study. It sheds light on various aspects of the research method, including research design, sample size and population, ethics, research rigor, and the process of data collection.

3.2 RESEARCH DESIGN

The research design adopted in this study followed a quantitative, cross sectional survey. Polit and Beck (2012:99) define a research design as being the plan for addressing the research objectives, including specifications for enhancing the study's integrity. Williams (2007) reported that a quantitative approach to responding to research inquiry using numerical data. The survey method was employed to conduct this study, a survey is a method of gathering information from a specified target group and it is often used to measure the prevalence of attitudes, beliefs, and behaviour (Fink and Kosecoff 1985). According to Mullinix *et al.* (2015), the hallmark of the survey method is the ability to make generalisation to a larger population. Given the nature of this study which is to determine the perceptions and awareness of homoeopathy amongst people living in the rural Matatiele municipality of the Eastern Cape Province, using a survey method that followed a quantitative research approach was deemed appropriate to address the research objectives.

3.3 STUDY SETTING

The study was conducted at the Matatiele Local Municipality, this area was chosen because it had limited healthcare facilities and the researcher wanted to explore if people in this area knew about alternative medical methods as there still inadequacy of healthcare facilities. Matatiele Local Municipality is in the province of Eastern Cape, in a remote rural area.

3.4 STUDY POPULATION

Collis and Hussey (2009) defined a study population as a precise body of people or objects under consideration for research purposes. The study population for this study is South African citizens residing in Matatiele municipality in the Eastern Cape. As highlighted in the Eastern Cape Socio-Economic Consultative Council (2017) report, Matatiele local municipality is well-known as a very remote rural area. The area is reported to have a population of 203843 people as of 2011 estimate (Statistics South Africa 2011).

3.5 SAMPLING TECHNIQUE

A convenience sampling technique was used in the selection of the participants. Dörnyei (2007) refers to convenience sampling as a type of nonprobability sampling where members of the target population that meet certain criteria namely; availability at a given time, geographical proximity, easy accessibility, or who indicated a willingness to participate for the research purpose. Although convenience sampling has the propensity for a severe hidden bias (Leiner 2014), nonetheless, due to the study location which is a rural community, convenience sampling was deemed more appropriate for the study. The following inclusion and exclusion criteria were employed to select the participants:

Inclusion criteria:

- Residents who were 18 years and older.
- Residents who understood either English or IsiXhosa
- Any gender was welcomed to participate.

Exclusion criteria:

- Residents who were under the age of 18.

3.6 STUDY SAMPLE

sample size of 400 was used. This sample size was selected based on the following statistical formula:

ME=Z $\sqrt{p(1-p)/n}$

Where ME is Margin of error estimated to be 1% -4%, p is probability = 20% normal distribution of a population, Z is =95% confidence interval=1.96 and n= sample size.

ME=Z $\sqrt{p(1-p)/n}$

n = $\{Z^2$ X p(1-p)$\}/ME^2$

n =1.96^2x0.2(1-0.2)/0.04^2

n =384.2

True population = sample size X total population/ sample size + total population – 1

True population = 384.2x250000/384.2+250000-1

=383.6

3.7 PILOT STUDY

The term ‘pilot study’ alludes to a smaller than expected adaptation of a full-scale study moreover called a ‘feasibility study’ that are ordinarily conducted when a specific research instrument such as a questionnaire or interview plan should be pre-tested (Teijlingen and Hudley 2002: 33). Several other others (Blanche and Durrheim 2002; Johnson and Christensen 2008) confirmed that piloting a study helps to increase the validity, practicality as well as the reliability of the study. Importantly, the pilot study helps sharpen the research methods, clarify the permissions and approvals that are needed to conduct the research.

The pilot study was conducted among 10 residents of Matatiele municipality who met the inclusion criteria. The participants were requested to answer the questionnaire

that consisted of three sections, the questionnaires were available in both English and IsiXhosa. The conclusions from the pilot study were recorded. The result obtained from the pilot provides evidence on the feasibility of the research instrument. Equally, the participants had a clear understanding of the questions mentioned in the survey, hence no further improvement nor changes were made on the research questionnaire.

3.8 RECRUITMENT

Step one: The researcher approached the potential participants for inclusion in the study and gave them brief information about the study **(Appendix 3A or 3B).**

Step two: The potential participant agreed, and all relevant documentation was handed out. The participant then signed the consent form **(Appendix 4A or 4B)** on agreeing to participate in the study. On both the information letter and consent form there was information about participants not being forced to participate in the study and that there will be no remuneration for taking part in the study.

Step three: The process was convenient for the potential participant. The participant may opt to complete the questionnaire whilst the researcher is waiting. If the participant opts to return the questionnaire at a later stage, the participant was shown where the return boxes were, this was in the case of large gathering like churches and schools where a box was left in a safe location where it would be easy to locate for participants to drop their completed questionnaires. Completion of the questionnaire was estimated to be 15 minutes.

3.9 DATA COLLECTION

Two methods were employed for the administration of the questionnaires. The first method was for the researcher to take the questionnaires to group meetings e.g. churches and schools, the second method was for the researcher to take questionnaires to individuals in the shopping areas as per the methodology employed by Lamula (2010). The researcher had employed somebody to ensure the safety of the boxes whilst distributing questionnaires on the streets. Two boxes were provided

for all locations so that consent forms were submitted separately from questionnaires to maintain anonymity.

The researcher requested consent from the significant authorities. This was done by composing a letter (**APPENDIX 2A, 2C and 2E**) to as numerous authorities as may well be distinguished, the letter was emailed together with the research proposal and approval letter from institutional research ethics committee (IREC) **(Appendix 1)**, permissions were granted in the form of letters **(Appendix 2B, 2D, and 2F)** and were emailed to the researcher.

Once permission was received, the researcher met the participants. The researcher at that point clarified to the participants the purpose of the study disseminated the questionnaires to interested people and collected them afterward.

The researcher randomly approached individuals within the zones chosen i.e. shopping areas and inquired them if they would be interested in taking part in a research study, including completion of a questionnaire. On the off chance that the reply was affirmative, the researcher affirmed that they met the inclusion criteria and if they did, they were included in the research study.

3.10 RESEARCH INSTRUMENT

The research instrument was in the form of a self-administered questionnaire **(Appendix 5A or 5B)**. The questionnaires were written in English and isiXhosa for everyone to be able to understand what was being asked, the questionnaires also included the instructions on how to answer the questionnaires. The questionnaire was adapted from Macquet (2007), and Lamula (2010) with a slight modification.

The questionnaire includes 35 questions divided into 3 sections:

Section A: Personal information;

Section B: General knowledge of homoeopathy;

Section C: Perception of homoeopathy.

The survey evaluated respondents' perceptions (homoeopathic remedies, effectiveness, and safety of treatment) awareness (training, and practices) of homeopathy, including common understanding of the work of a homeopathic professional, the homoeopathic consultations, the part of homeopathy within the well-being care system, and the degree of instruction required to be a homeopathic professional in South Africa.

3.11 DATA ANALYSIS

Once all the questionnaires were collected, the information was prearranged and entered into a computer by the researcher onto an Excel spreadsheet. The information was at that point sent to a statistician who imported it into SPSS® for Windows™ version 25 and Excel® XP™.

3.11.1 Components of the Statistical tests

Statistics general has two broad aspects namely; descriptive and inferential statistics. Both descriptive and inferential statistics were used in analysing the obtained data. According to the report by Lind, Mason and Marchal (2002), descriptive statistics are used to organise, summarise, and describe a set of survey data. Univariate descriptive statistical procedures were used to analyse the survey data in this study. Bar graphs frequency tables and pie charts were used to present the data.

Inferential statistical analysis, by contrast, uses the laws of probability to make inferences and draw conclusions about the sample data (Johnson and Christensen (2012). In this study, a non-parametric inferential statistics using one-sample t-test was used to comparing the scoring pattern of the participants. Kinnear and Gray (2005) indicated that t-test is the most appropriate test to examine a survey sample of dichotomous nominal data.

3.12 STORAGE OF DATA

For participant's confidentiality and anonymity regarding collected data, data was kept in a manner that ensures that during questionnaire filling participant's personal details were not requested. The collected data was kept in a safe, secure area for the duration of the research and was stored in a locked office of research study personnel at the DUT, Department of Homoeopathy, and will be destroyed after 5 years.

3.13 ETHICAL CONSIDERATIONS

The study was carried out according to the approved DUT protocol and standards. Data collection commenced only after full ethics approval had been granted by the DUT Institutional Research Ethics Committee (Rec 086/18), and permission obtained from the gate keepers, Matatiele Municipality was used as a data collection site.

Prior to commencing the study, all gatekeeper permission was sought and granted by all relevant stakeholders. All data collected from participants were handled with the strictest confidence. In this study, ethical concerns were addressed by means of a letter handed to respondents (**Appendix 3A or 3B**). Each participant was made to sign a consent form and was informed that participation in this study was voluntary (**Appendix 4A**). All efforts were made to ensure that no information identifying the participant was revealed.

3.14 VALIDITY AND RELIABILITY

According to the early report by Winter (2000), validity and reliability are the two important aspects of a quantitative research study. Joppe (2000) explained that validity determines whether the research truly measures what it was intended to measure or how truthful the research results are. Wainer and Braun (1998) in their own assertion, viewed validity as construct validity. Golafshani (2003) clarified that in construct validity, the researcher could determine the validity of the research by asking a series of questions in which answers are found in the work of others. Since the research questions for this study were adapted from the literature (Macquet 2007; Lamula 2010), the validity of this study was premised on the construct validity.

With reference to the reliability, Joppe (2000) defined it as the extent to which results are consistent over time and an accurate representation of the total population under study. In terms of the reliability of this study, the data obtained were assessed against Cronbach's alpha coefficient. Leontitsis and Pagge (2007) revealed that Cronbach's alpha is a measure of reliability for quantitative survey research.

3.15 CONCLUSION

The above chapter detailed the research methodology and design and approach adopted in the study. It also has outlined the study population, study setting, recruitment procedure, data collection instrument, and method of data analysis undertaken in the study. More so, the finding that emerged from the pilot study was explained in detail. In addition, the reliability of the study was assessed against the Cronbach's alpha index while the construct's validity was used to establish the validity of this study. The next chapter presents the findings of the study.

CHAPTER 4: : RESULTS

4.1 INTRODUCTION

In the previous chapter, the research design adopted for the study was presented. This chapter presents data obtained through a questionnaire administered Matatiele Local Municipality residents. The data collected from the responses were analysed with SPSS (version 25®) in relation to the objective outlined in Chapter 1, which are: To determine the perceptions of homoeopathy amongst residents in the rural Matatiele municipality and to determine the awareness of homoeopathy in the rural Matatiele municipality in the Eastern Cape Province in terms of perception and awareness questionnaire.

4.1.1 Sample realisation

A total of 400 questionnaires were distributed and 391 were returned completed. This gives a sample realisation of about 97.75%.

4.2 DEMOGRAPHIC INFORMATION

This section summarises the biographical characteristics of the respondents. The respondents were 18 years old and above who have lived in Matatiele for 1 year or more.

4.2.1 Gender and age distribution

The Fisher exact tests in Table 4.1 failed to show significant differences in the gender with respect to the age distribution of the respondents ($p>0.05$). The majority of those sampled were females (n=220; 59.3%) with only 159 (40.7%) respondents being male. More so, and with respect to age distribution, the proportion of females 41 (10.5%) within the age distribution of 18-20 years were more than the males 35 (9.0%). Similarly, females were more within the age distribution of 21-25 (n=59; 15.1%), 26-33 (n=47; 12.0%), 34-40 (n=23; 5.9%), and 41 and above (n=62; 15.9%), respectively. Overall, more 105 (26.9%) of the respondents are within the age distribution of 21-25 years old, followed by those that are 41 and above (n=92; 23.5%) with the lowest representative within the age distribution 34-40 (n=35; 9.0%).

Table 4.1: Gender distribution by age group

			AGE					Total
			18-20	21-25	26-33	34-40	41 and above	
GENDER	Male	Count	35	46	36	12	30	159
		% within GENDER	22.0%	28.9%	22.6%	7.5%	18.9%	100.0%
		% within AGE	46.1%	43.8%	43.4%	34.3%	32.6%	40.7%
		% of Total	9.0%	11.8%	9.2%	3.1%	7.7%	40.7%
	Female	Count	41	59	47	23	62	232
		% within GENDER	17.7%	25.4%	20.3%	9.9%	26.7%	100.0%
		% within AGE	53.9%	56.2%	56.6%	65.7%	67.4%	59.3%
		% of Total	10.5%	15.1%	12.0%	5.9%	15.9%	59.3%
Total		Count	76	105	83	35	92	391
		% within GENDER	19.4%	26.9%	21.2%	9.0%	23.5%	100.0%
		% within AGE	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	19.4%	26.9%	21.2%	9.0%	23.5%	100.0%

Fisher's Exact test= 0.323

4.2.2 Ethnicity

The majority of the respondents in Figure 4.1 were Black (n=318; 81.3%), followed by Coloured (n= 48; 12.3%), and White (n=25; 6.4%).

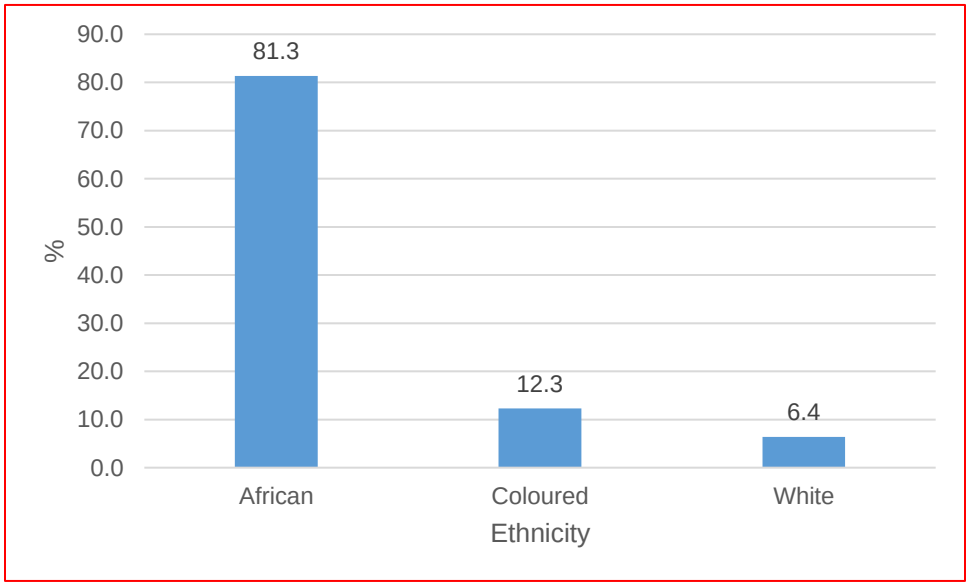

Figure 4.1: Ethnicity distribution of the respondents

4.2.3 Home Language

More than half 205 (52.4%) of the respondents spoke Sesotho as their home language, followed by those who spoke IsiXhosa 78 (19.9%), and Afrikaans 67 (17.1%). Other home languages identified included IsiZulu speakers 33 (8.4%), English speakers 7 (1.8%), and Tshivenda 1 (0.3%).

Table 4.2: Respondents Home language

		Frequency	Percent
Languages	Afrikaans	67	17.1
	English	7	1.8
	IsiXhosa	78	19.9
	IsiZulu	33	8.4
	Sesotho	205	52.4
	Tshivenda	1	.3
	Total	391	100.0

4.2.4 Employment status

Table 4.3 describes the employment status of the respondents. As shown in the table below, 34.5% (n=135) of respondents were students, while 28.1% (n=110) indicated to be unemployed. Equally, it was noted that 15.6% (n=61) were employed on part-time bases whilst 3.1% (n=12) employed on full-time. In addition, 13.6% (n=53) of the respondents were self-employed while 5.1% (n= 20) of them claimed to be a housewife.

Table 4.3: Employment status of the respondents

		Frequency	Percent
Status	Unemployed	110	28.1
	Employed part-time	61	15.6
	Employed full-time	12	3.1
	Self employed	53	13.6
	Housewife	20	5.1
	Student	135	34.5
	Total	391	100.0

4.2.5 Marital status

The marital status of the respondents is given in Figure 4.2. It was found that more n= 272 (69.6%) of the respondents have never married whilst n= 116 (29.7%) indicated to be married, and 0.8% widowed (n=3).

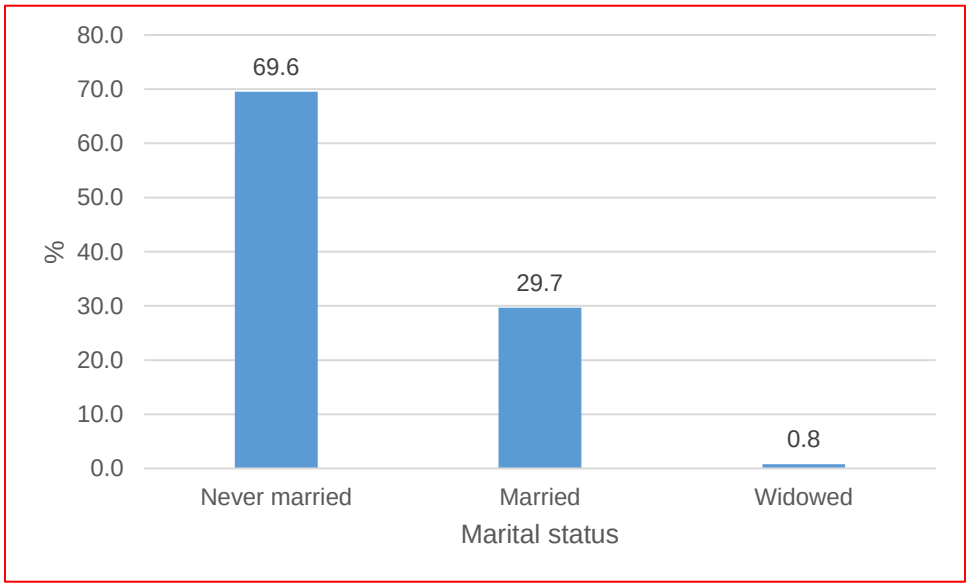

Figure 4.2: Marital status of the respondents

4.2.6 Area of Residence

The respondent's area of residence within the Matatiele are given in Figure 4.3. More n=176 (45%) of the respondents reside in the rural area, 31% (n=121) of the respondents reside in the former township, 15% (n=59) reside in the centre of town, and 9% (n=32) in the suburb.

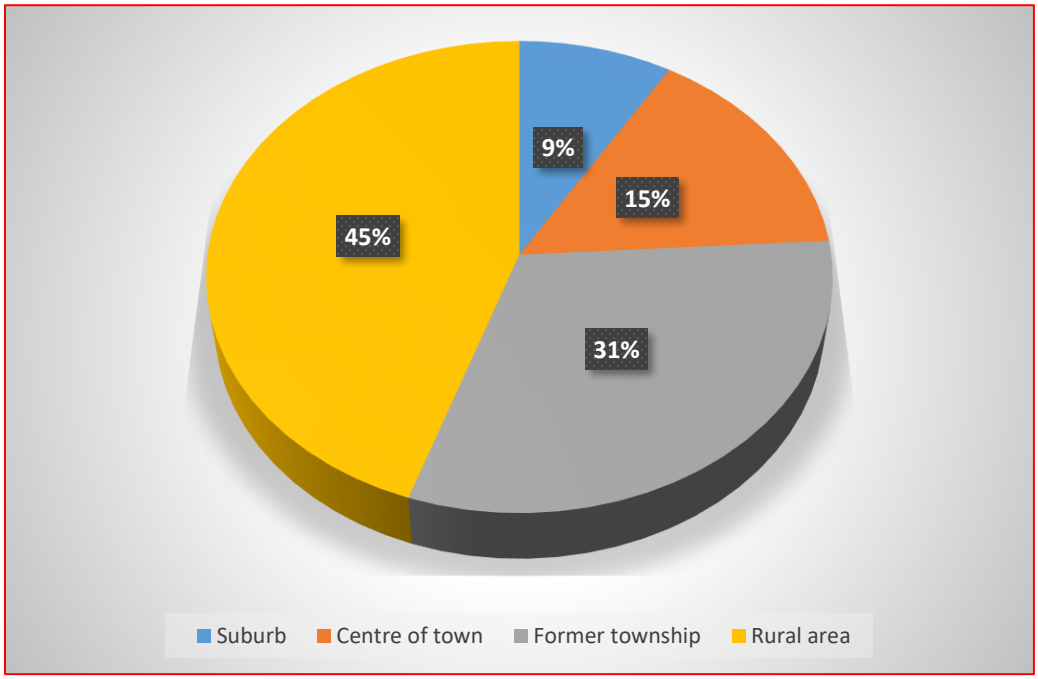

Figure 4.3: Respondents area of residence

4.2.7 Level of education

The level of education of the respondents is given in Figure 4.4. It was observed that more of the respondents were matric holders 78.0% (n=305) while very few 10.7% (n=42) of the respondents had no schooling. It is also worth mentioning that 8.4% (n=33) had diploma/degree while 1.3% (n=5) are holders of postgraduate diploma/degree qualification and 1.5% (n=6) did not have matric.

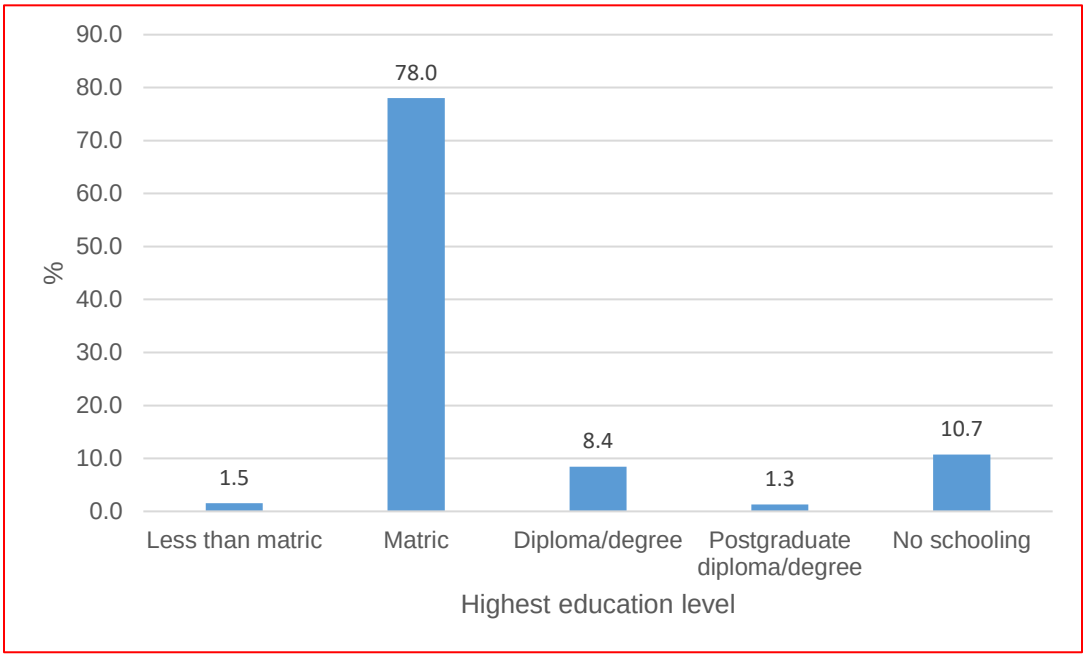

Figure 4.4: Respondents level of education qualification

4.2.8 Monthly Income

The monthly income earned by the respondents are shown in Table 4.4. It was gathered that half of the respondents 198 (50.6%) earn no income. More so, it can be seen that out of 391 respondents 42 (10.7%) earned between R1000-R2999 while 40 (10.2%) earned R3000-R5999 and R6000-R9999, respectively. In addition, it was found that only 15 (3.8%) of the respondents appear to earn R30000 and above.

Table 4.4: Monthly income of the respondents

		Frequency	Percent
Income	No income	198	50.6
	Less than R500	31	7.9
	Less than R1000	2	0.5
	R1000-R2999	42	10.7
	R3000-R5999	40	10.2
	R6000-R9999	40	10.2
	R10000-R19999	5	1.3
	R20000-R29999	18	4.6
	R30000 or more	15	3.8
	Total	391	100

4.2.9 General health status

As shown in Table 4.6, it can be seen out of 391 responses, a high number 267 (68.3%) of the respondents claim to have good health whilst 16.1% (n=63) indicated that they have excellent health and 15.1% (n=59) consider their health status to be reasonable. Only few 0.5% (n=2) noted that their health was poor.

Table 4.5: Health status of the respondents

		Frequency	Percent
Health status	Excellent	63	16.1
	Good	267	68.3
	Reasonable	59	15.1
	Poor	2	.5
	Total	391	100.0

4.2.10 Respondents medication history

Table 4.6 describes the type of medication the respondents currently take. It was found that 32.5% took vitamin supplements (n=127), 0.5% took natural/herbal medicine (n=2), 0.8% took over the counter/no prescription medications (n=3), 19.1% took prescription medications (n=75), and 0.5% took African traditional medicine (n=2). However, none of the respondents indicated to use homeopathic remedies.

Table 4.6 Medication taken

	N	Value	
		Yes	No
Vitamin supplements	391	127	264
Natural/herbal medicine	391	2	389
Homoeopathic remedies	391	0	391
Over the counter/no- prescription medications	391	3	388
Prescription medications	391	75	316
African traditional medicine	391	2	389
Taking no medication	391	252	139

4.3 KNOWLEDGE OF HOMOEOPATHY

Drawing from the above, it is sufficient to say that the homoeopathy medication was not considered by the respondents in their medicine taken. To help establish if the respondents have any knowledge about homoeopathy, they were asked whether they have heard of homoeopathy.

As shown in Table 4.7, the overwhelming majority 360 (92.1%) indicated “no” that they have never heard of homoeopathy. However, some 31 (7.9%) of the respondents alleged that they have heard of homoeopathy.

Table 4.7: Respondents knowledge of homoeopathy

		Frequency	Percent
Knowledge of Homoeopathy	Yes	31	7.9
	No	360	92.1
	Total	391	100.0

4.3.1 Source of homoeopathy knowledge

Amongst the few numbers (n=31) of respondents who indicated “yes” that they have heard of homoeopathy, it was sensible to know the source of their knowledge. As indicated in Table 4.8, it can be seen that more 21 (67.7%) of the respondents heard about homoeopathy from relatives, friends, and or acquaintance whilst 15 (48.4%)

heard from doctors or paramedical services, pharmacist, nurses, etc. Moreover, only 4 (12.9%) claim to have heard of homoeopathy through the media such as newspapers, television, radio, and leaflets. A point worthy of note is that some of the respondents may likely have been referred by the allopathic practitioners, hence their knowledge about homoeopathy.

Table 4.8: Respondents source of knowledge homoeopathy

	N	Value	
		Yes	No
Relative, friend or acquaintance	31	21	10
Media (newspaper, television, radio, leaflets)	31	4	27
Doctor or paramedical services, pharmacist, nurse, etc.)	31	15	16
When doing this questionnaire now	31	14	17

4.3.2 Thought about homoeopathy

Having establish from above that some of the respondents have heard about homoeopathy, and that mainly, word of mouth (relative, friends, and or acquaintance) was the source of their knowledge, the respondents were further asked to indicate what they think a homoeopath does. It was found that all of the n=31 of the respondents who had knowledge about perceived that homoeopathy emphasizes a healthy lifestyle, usually prescribes a diet, and can treat the majority of disease (Table 4.9). Equally interesting, 29 (93.5%) of them noted that homoeopathy medication boosts the immune system and makes use of remedies that can cause the same symptoms. Added to these, 27 (87.1%) consider that homoeopath prescribes medicines that are diluted and shaken, prescribes plant extract, takes blood pressure, as well as stimulates the skin with sharp needles.

Moreover, it was found that out of 31 respondents that have heard of homoeopathy, 25 (80.6%) do not consider homoeopath to usually prescribes painkillers whilst 27

(87.1%) does not think homoeopath makes use of antibiotic treatments, and 29 (93.5%) does not think homoeopathy looks into people's eyes to make a diagnosis.

Table 4.9: Respondents thought about homoeopathy

	n	Value	
		Yes	No
Takes blood pressure	31	27	4
Stimulates the skin with sharp needles	31	27	4
Boosts the immune system	31	29	2
Usually prescribes painkillers	31	6	25
Prescribes medicines that are diluted and shaken	31	27	4
Can diagnose the majority of diseases	31	31	0
Makes use of the remedies that can cause the same symptoms	31	29	2
Makes use of antibiotic treatments	31	4	27
Looks into people's eyes to make diagnoses	31	2	29
Prescribes plant extract	31	27	4
Emphasizes a healthy life style	31	31	0
Usually prescribes a diet	31	31	0
Can treat the majority of diseases	31	31	0

4.3.3 Perceptions about homoeopathy

A salient point that emerged from the previous section was that the majority of respondents who claim to have heard of homoeopathy have an in-depth understanding of the homoeopathic practices. This section aimed to gauge the views of these categories of respondents (n=31) on how they perceive homoeopathy. The results are first presented using summarised percentages for the variables that constitute each statement asked. Results are then further analysed according to the importance of the statements. To determine whether the scoring patterns per statement were significantly different per option, a one-sample t-test was done. The results are summarised in the sections below.

As indicated by the level of significance, the one-sample t-test revealed that the respondents scoring pattern with regards to statements highlighted in Table 4.10 was highly statistically significant ($P<0.001$). This suggests that the way the respondents

answered “Yes”, “No”, and “Unsure” to all the statements were not similar. For example, and regarding the statement “Homoeopathy has a scientific base”, it was found that significant number (87.1%) of the respondents believed that homoeopathy has a scientific base (*P*<0.001).

In terms of the statement “The medicines do not contain chemical/drug material”, it emerged more (80.6%) were significantly (M=2.68 ±0.70; *P*<.0001) unsure whether homoeopathic medicines do not contain chemical/drug material. However, it can be gleaned that (12.9%) believed that the medicines do not contain chemical/drug material whilst only (6.5%) think the medicines contain chemical/drug material.

With regards to the statement “Homoeopathy medicines are made from the plant only”, it was found that more than half of the respondents (64.5%) significantly answered “No” (M=2.23 ±0.56; *P*<.0001) that the medicines are made from the plant only. Further to this, the majority (87.1%) of the respondents were significant (M=2.13 ±0.34; *P*<.0001) disagreement (No) to the statement “For the medicines to work you must believe in it.

Moreover, and with respect to the statement “Medicines have been tested through trial and error over many years”, it was found that more than half (58.1%) of the respondents significantly (M=1.65 ±0.84; *P*<.0001) believed in the said statement whilst 19.4% were in disagreement, and 22.6% unsure.

Further to the above, significant number n= 24 (77.4%) were in agreement (M=1.39 ±0.76; *P*<.0001) to the statement “Homoeopathic medicines have undergone clinical trials. Not surprisingly, it emerged that more (80.6%) of the respondents were in significant disagreement (No) to the statement “Homoeopathy works only on conditions that are not treatable by conventional medicine (M=2.06 ±0.44; *P*<.0001).

Additionally, 18 (58.1%) of the respondents were in significant agreement (Yes) that homoeopathic medicines are safe to use in new-borns and infant’s years

(M=1.65 ±0.84; *P*<.0001). On the other hand, 6 (19.4%) do not consider homoeopathic medicines safe to use in new-borns and infant years while 7 (22.6%) were unsure about the safety of the medicines in new-borns and infant years.

Equally important, it emerged that more than 20 (64.5%) of the respondents were in significant agreement with the statement (Yes) that homoeopathic medicines are safe to be used in pregnancy while 9 (29.0%) were unsure regarding the safety of the medicines in pregnancy (M=1.65 ±0.92; *P*<.0001). In addition, and in respect to the safety of homoeopathy for used by the elderly, significantly more 25 (80.6%) of the respondents thought that homoeopathy medicines were safe to be used by elderly people (M=1.32 ±0.70; *P*<.0001).

Table 4.10: Respondents perceptions of homoeopathy

Statements	n	Scale			Mean	SD	T test value	*P*- value
		Yes	No	Unsure				
Homoeopathy has scientific base	31	87.1 %	6.5 %	6.5%	1.19	.543	12.243	0.000
The medicines do not contain chemical/drug material	31	12.9 %	6.5 %	80.6%	2.68	.702	21.243	0.000
Medicines are made from plant only	31	6.5%	64. 5%	29.0%	2.23	.560	22.117	0.000
For the medicines to work you must believe in it	31	0%	87. 1%	12.9%	2.13	.341	34.785	0.000
Medicines have been tested through trial and error over many years	31	58.1 %	19. 4%	22.6%	1.65	.839	10.923	0.000
Homoeopathic medicines have undergone clinical trials	31	77.4 %	6.5 %	16.1%	1.39	.761	10.154	0.000
Homoeopathy works only on conditions that are not treatable by conventional medicine	31	6.5%	80. 6%	12.9%	2.06	.442	25.984	0.000
Homoeopathic medicines are safe to use in new-borns and infants years	31	58.1 %	19. 4%	22.6%	1.65	.839	10.923	0.000
Homoeopathic medicines are safe to be used in pregnancy	31	64.5 %	6.5 %	29.0%	1.65	.915	10.015	0.000
Safe to be used by elderly people	31	80.6 %	6.5 %	12.9%	1.32	.702	10.493	0.000

P<0.05

4.3.4 Relationship between homoeopaths and traditional healers

Having considered the scientific merit of homeopathy practices above, the narrative now turns to the respondents (n=31) views regarding the relationship between homoeopathy and traditional healers.

In attempting to know whether the respondents consider homoeopath as a form of traditional healers, they were asked the following question “In your opinion, do you think traditional healers (Inyanga/Isangoma) and a homoeopath do the same thing?” As described in Table 4.11, overwhelming number 29 (93.5%) do not think homoeopath do the same thing as traditional healers. However, a few 2 (6.5%) believe that homoeopath and traditional healers are the same.

Table 4.11: Respondents views about the relationship of homoeopath and traditional healers

		Frequency	Percent
In your opinion, do you think traditional healer (Inyanga/Isangoma) and a homoeopath do the same thing?”	Yes	2	6.5
	No	29	93.5
	Total	n=31	100.0

From Table 4.11, it was noted a few of the respondents believe that homoeopath and traditional healers do the same thing. In order to refute these perceptions, the respondents were further asked the following question “Do you think homoeopaths undergo the same training as Inyanga/Isangoma? Expectedly, the respondents were unanimous 31 (100%) in their response that they do not think homoeopaths undergo the same training as Inyanga/Isangoma (Table 4.12).

Table 4.12: Respondents views about homoeopath training and traditional healers

		Frequency	Percent
Do you think homoeopaths undergo the same training as Inyanga/Isangoma?	No	n=31	100.0

Equally, and to reinforce the differences between homoeopath and traditional healers, the respondents were asked the following question “Do you think homoeopaths work with spirits of the ancestors? As noted in Table 4.13, the responses were united 31 (100%) in their agreement that homoeopaths do not work with spirits of the ancestors.

Table 4.13: Respondents views about homoeopaths and ancestors

		Frequency	Percent
Do you think homoeopaths work with spirits of the ancestors?	No	n=31	100.0

Drawing from the above, it can be deduced that respondents were consensus in their view that homoeopath differs from that of the traditional healers in terms of their training and practices.

4.3.5 Effectiveness of homoeopathy treatment

In the previous section, it was established that the respondents consider homoeopath to be different from traditional healers. Equally, it was also noted that respondents view the homoeopathic medicine in a similar light as that of their allopathic counterparts. This section aimed to know whether the respondents consider homoeopathic medicine effective in the treatment of acute (short-lasting) as well as chronic (long-lasting) conditions.

Accordingly, respondents (n=31) were asked the following question “In the treatment of acute (short-lasting) and chronic conditions, do you think that homoeopathic medicines are not effective, more effective than orthodox medicine, less effective than orthodox medicine, as effective as orthodox medicine, or they do not know?”.

As indicated in Table 4.14, It was found that all 31(100%) of the respondents do not think homoeopathic medicine is not effective. Similarly, the same number 31 (100%) of the respondents do not think homoeopathic medicines are more effective than orthodox medicine. Equally important, more 22 (80%) of the respondents do not think homoeopathic medicine is less effective than their orthodox counterpart.

Further to the above, more 17 (54.8%) believe that homoeopathic medicines are as effective as orthodox medicine.

Table 4.14: Effectiveness in treatment of acute conditions

	N	Value	
		Yes	No
Not effective	31	0	31
More effective than orthodox medicine	31	0	31
Less effective than orthodox medicine	31	9	22
As effective as orthodox medicine	31	17	14
Do not know	31	4	27

Table 4.15 revealed that response from the respondents regarding the effectiveness of homoeopathic medicine in the treatment of chronic conditions. It was found that all the 31 respondents (100%) do not think homoeopathic medicine is not effective in the treatment of chronic conditions. Similarly, and out of 31 responses 28 (90.3%) of the respondents do not think homoeopathic medicines are more effective than orthodox medicine. Equally important, all 31 (100%) of the respondents do not think homoeopathic medicine is less effective than their orthodox medicine in the treatment of chronic conditions. More so, 27 (87.1%) believe that homoeopathic medicines are as effective as orthodox medicine in the treatment of chronic conditions.

Table 4.15: Effectiveness in treatment of chronic conditions

	N	Value	
		Yes	No
Not effective	31	0	31
More effective than orthodox medicine	31	3	28
Less effective than orthodox medicine	31	0	31
As effective as orthodox medicine	31	27	4
Do not know	31	4	27

The above views on the effectiveness of homoeopathic medicine strongly support the previous assertion that the respondents consider homoeopathic and allopathic medication in the same light in the treatment of both chronic and acute medical conditions.

4.4 EXPERIENCE WITH THE HEALTHCARE PROFESSION

The previous section surmised that the respondents had strong confidence and viewed the homoeopathic medicine as effective as the allopathic medication. This section aimed to examine the experience of the respondents with the healthcare profession. As such, the respondents were asked "To whom do you usually go for medical advice, or who do you usually consult when you feel ill or not feeling well?" A point deserving mentioning is that all the respondents (n=391) participated in providing responses to this section.

As indicated in Table 4.16, it was found that out of 391 responses 247 (63.2%) consulted a general practitioner for medical advice. In contrast, 113 (29%) noted to consult a medical specialist for medical advice. It is interesting to note that none of the respondents have ever consulted a homoeopath or a healer (spiritual healer) for medical advice.

Despite the above, 26 out of the 391 respondents (6.6%) and 90 (23%) claimed to have consulted with Inyanga and Isangoma, respectively for medical advice**.** This is rightly so as it can be seen that some of the respondents have consulted with Inyanga

and Isangoma for medical advice. Equally and supporting the above assertion is that some (n=31) of the respondents have considered homoeopathic medication to be equal in effectiveness with the allopathic medication.

Table 4.16: Respondents medical advice consultation

	N	Value	
		Yes	No
A general practitioner	391	247	144
A medical specialist	391	113	278
A homoeopath	391	0	391
A healer (e.g. spiritual healer)	391	0	391
Inyanga	391	26	365
Isangoma	391	90	301

Drawing from the above data, it can be deduced that none of the respondents had consulted with homoeopaths despite some having heard of homoeopathy. The respondents were asked: “At present who is your primary healthcare provider?” As described in Table 4.17, more 244 (62.4%) noted that a general practitioner to be their primary healthcare provider. This is followed by those 79 (20.2%) who claim Isangoma as their primary healthcare provider, whilst 60 (15.3%) alleged that a medical specialist as their primary healthcare provider. Expectedly, and further reinforcing the claim on the absence of homoeopaths in the Matatiele municipality; none of the respondents have a homoeopath or a spiritual healer as a primary healthcare provider.

Table 4.17: Respondents primary healthcare provider

	N	Value	
		Yes	No
A general practitioner	391	244	147
A medical specialist	391	60	331
A homoeopath	391	0	391
A healer (e.g. spiritual healer)	391	0	391
Inyanga	391	25	366
Isangoma	391	79	312

4.4.1 Perceptions of the healthcare profession

In the previous section, it can be noted that a general practitioner is the main primary healthcare provider in the community. This notwithstanding, it can be seen that some of the respondents have as their primary healthcare provider, Inyanga and Isangoma. This sectioned aimed to know from the perceptions of the respondents the quality of healthcare services received from their primary healthcare provider. Hence, the following question was asked “In your opinion, how the application is each of the statements (Table 4.19) for your healthcare provider. The results are first presented using summarised percentages for the variables that constitute each statement asked. Results are then further analysed according to the importance of the statements. To determine whether the scoring patterns per statement were significantly different per option, a one-sample t-test was done. The results are summarised in the sections below.

As indicated by the level of significance, the one-sample test revealed that the respondent's scoring pattern with regards to statements highlighted in Table 4.19 were highly statistically significant (P<0.001). For example, and regarding the statement “My healthcare provider prescribes medicine that makes me feel better”, (54.5%) believed that their healthcare providers prescription “always” makes them feel better whilst (45.3%) suggest it “sometimes” makes them feel better.

In terms of the statement “My healthcare provider listens to all I have to say about my illness or not feeling well, it was found that a significant number (67.5%) claim that their healthcare provider sometimes listens to all they have to say about their illness (M=1.68 ±0.47; P<.0001). Given the above, it was understandable that a significant number of the respondents (79.8%) claim that their healthcare provider sometimes treats them as his/her equal (M=1.81 ±0.41; P<.0001). Similarly, more (84.1%) of the respondents significantly alleged that their healthcare provider sometimes soon finds out what is wrong with them.

Further to these, more (83.9%) of the respondents think that their healthcare provider sympathises with their problems (M=1.85 ±0.37; *P*<.0001). Going further, more (76.5%) of the respondents noted that their healthcare provider sometimes knows of the best treatment for their illness or indisposition.

Despite the above perception, it was noted that more (65.7%) of the respondents claimed that their healthcare provider never puts them at ease. However, it was noted by significant percentage (60.9%) of the respondents that their healthcare provider sometimes prescribes medicine too easily (M=1.73 ±0.56; *P*<.0001). Added to these overwhelming number (96.7%) of the respondents significantly thinks that their healthcare provider sometimes prescribes too many medicines (M=1.98 ±0.18; *P*<.0001). As such, it was not surprising that significant more (55.5%) of the respondents believed that their healthcare provider sometimes makes them feel as if they are hiding something from them (M=2.22 ±0.63; *P*<.0001).

Moreover, it was noted by more (77.5%) of the respondents that their healthcare provider sometimes examines them thoroughly whilst (20.7%) thinks their healthcare provider always examines them thoroughly. Despite this, it was found that more (69.6%) of the respondents significantly claim that their healthcare provider never merely wants to make money (M=2.67 ±0.53; *P*<.0001).

Furthermore, and in terms of the statement “My healthcare provider discusses with me the treatment that he/she has in mind, (76.7%) thinks their healthcare provider sometimes discusses with them the treatment plan, whilst (16.9%) noted that the healthcare provider always discusses the treatment he/she has in mind. Equally, more (83.1%) of the respondents significantly noted that their healthcare provider sometimes is interested in them as an individual (M=1.85 ±0.38; *P*<.0001).

Lastly, and with respect to the statement “My healthcare provider diagnoses the majority of ailments correctly”, it was found that (59.8%) thinks that their healthcare provider sometimes diagnoses the majority of the aliments correctly whilst (39.6%)

claim that their healthcare provider always diagnosed the majority of ailments correctly.

Table 4.18: Respondents perceptions of healthcare provider

My healthcare provider:	N	Scale			Mean	SD	T test value	*P*- value
		A	B	C				
Prescribes medicine that make me feel better	391	54.5%	45.3%	0.3%	1.46	0.50	57.198	0.000
Listen to all I have to say about my illness or not feeling well	391	32.2%	67.5%	0.3%	1.68	0.47	70.332	0.000
Treats me as his/her equal	391	19.7%	79.8%	0.5%	1.81	0.41	87.842	0.000
Soon finds out what is wrong with me.	391	15.6%	84.1%	0.3%	1.85	0.37	99.242	0.000
Sympathizes with my problems	391	15.6%	83.9%	0.5%	1.85	0.37	98.174	0.000
Knows of the best treatment for my illness or indisposition	391	22.8%	76.5%	0.8%	1.78	0.43	81.309	0.000
Puts me at ease	391	11.5%	22.8%	65.7%	2.54	0.69	72.585	0.000
Prescribes medicine too easily	391	33.2%	60.9%	5.9%	1.73	0.56	60.608	0.000
Prescribes too many medicines	391	2.6%	96.7%	0.8%	1.98	0.18	212.714	0.000
Makes me feel as if he or she is hiding something from me	391	11.3%	55.5%	33.2%	2.22	0.63	69.611	0.000
Examines me thoroughly	391	20.7%	77.5%	1.8%	1.81	0.44	82.2011	0.000
Merely wants to make money	391	2.8%	27.6%	69.6%	2.67	0.53	99.875	0.000
Discusses with me the treatment that he/she has in mind	391	16.9%	76.7%	6.4%	1.90	0.47	79.479	0.000
Is interested in me as an individual	391	16.1%	83.15	0.8%	1.85	0.38	95.683	0.000
Diagnose the majority of ailments correctly	391	39.6%	59.8%	0.5%	1.61	0.50	63.741	0.000
Always= A; Sometimes B; Never= C P<0.001								

4.4.2 Consultation with homoeopaths

From the previous narrative, it can be deduced that the responses from the respondents with respect to the statements highlighted in Table 4.19 were “sometimes”. As a consequence, it is sufficient to say that the respondents consider that their healthcare providers sometimes provide quality healthcare services to them. This assertion support studies that claim that allopathic doctors spent minimal time in knowing or understanding their patients when compared to homoeopath’s

doctors. In order to reaffirm this, the respondents were asked whether they have ever consulted a homoeopath.

As described in Table 4.20, a majority (95.1%) of the respondents alleged not to have consulted with homoeopaths.

Table 4.19: Respondents consultation with homoeopaths

		Frequency	Percent
Have ever consulted a homoeopath?	Yes	19	4.9
	No	372	95.1
	Total	391	100.0

Amongst the respondents (n=19) who noted to have consulted a homoeopath, 18 of them responded to the question “How many times have you consulted with a homoeopath in the past?” As indicated in Table 4.20, it was found that more 11(61.1%) of the respondents have consulted with a homoeopaths 2-4times, whilst 7 (38.9%) have consulted with a homoeopath once. More so, it was noted that 2 (11.1%) of the respondents have consulted with a homoeopath 5-9 times.

Table 4.20: Number of times respondents consulted with homoeopaths

	n	Value	
		Yes	No
Once	18	7	11
2-4 times	18	11	7
5-9 times	18	2	16
10 times or more	18	0	18

Given that more of the respondents (n=18) have consulted a homoeopath at least 2-4 times, it was critical to know what made the respondents decide to consult a homoeopath. As indicated in Table 4.21, it emerged that most 13 (72.2%) of the respondents noted that personal recommendations from friends, family, GP, and nurses were their reason for consultation with a homoeopath. Apart from these, half 9 (50%) of the respondents claimed that conventional medicine failed, whilst 5 (27.8) pointed to the fact that homoeopathy is natural.

Table 4.21: Respondent reasons for consultation with homoeopaths

	n	Value	
		Yes	No
Conventional medicine failed	18	9	9
Homoeopathy is natural	18	5	13
Personal recommendations (friend, family, GP, nurses etc.	18	13	5
Homoeopathic medicines are safe and have minimal side effects.	18	0	18

4.4.3 Reasons for lack of homoeopath's consultation

The previous section revealed that 19 out of 391 respondents in this study agreed to have consulted with homoeopaths. These sections aimed to examine the reasons that majority 371 (94.9%) of the respondents had for not consulting with a homoeopath. This is aimed to provide an effective mechanism in place to increase and promote homoeopathic practices in the community. Expectedly and reaffirming the notion that the majority of respondents in the community have not heard of homoeopathy, 358 (96.5%) of the respondents claimed never to have heard of homeopathy. However, only a few 12 (3.2%) that alleged that their reasons for not consulting with a homoeopath is that they were not sure of their methods, whilst 11 (3.0%) pointed that they know little about homoeopathy.

On the other hand, it can be surmised that the statements homoeopaths are too expensive, my medical aid scheme does not cover them, I have heard of their failures,

and they are nothing but quacks, as well as their training, was not up to standard were not considered as a reason for the lack of consultation with homoeopaths.

Overall, it is sufficient to say that the lack of knowledge about homoeopathy in the community contributed to the respondent's perceived non-consultation with homoeopaths.

Table 4.22: Respondents reasons for not consulting with homoeopaths

	n	Value	
		Yes	No
Never heard of homoeopathy	371	358	13
Have never needed their service	371	11	360
Know too little about them	371	9	362
Too expensive	371	0	371
My medical aid scheme does not cover them	371	0	371
I am unsure of their methods	371	12	359
I have heard of their failures	371	0	371
They are nothing but quacks	371	0	371

Furthermore, the respondents (n=371) were asked: "If you have not consulted a homoeopath, would you consider doing so?" It was found that more than half of 201 (54.2%) of the respondents answered yes that they would consider consulting a homoeopath (Table 4.23). Equally interesting, overwhelming majority 347 (93.5%) were in disagreement with the statement "No, I would not consider doing so. Hence suggesting that the respondents may have the intention of consulting with a homoeopath. This can be further supported by number 258 (69.5%) who answered no about being unsure if they would consider consulting a homoeopath.

Table 4.23: Consideration of consulting with homoeopaths

	n	Value	
		Yes	No
Yes, I would consider consulting a homoeopath	371	201	170
No, I would not consider doing so	371	24	347
Not sure	371	113	258

Given that more than half (54.2%) of the respondents consider consulting with a homoeopath, it was critical to know the reasons they may consider consulting a homoeopath. Hence, the respondents (n=202) were asked: “For which reason might you consider consulting a homoeopath?” Majority 166 (82.2%) alleged that they could consider consulting with a homoeopath because homoeopathy is natural (Table 4.24). Another reason worth mentioning is that homoeopathic medicines are safe and minimal side effects 37 (18.3%).

Apart from the above, only a few noted that if conventional medicine failed 9 (4.5%), and if traditional medicine failed 5 (2.5%) to be their reasons for consultation with homoeopaths.

Table 4.24: Reasons for considering consulting with homoeopaths

	n	Value	
		Yes	No
If conventional medicine failed	202	9	193
If traditional medicine failed	202	5	197
Homoeopathy is natural	202	166	36
Homoeopathic medicines are safe and minimal side effects	202	37	165

From the above, it was not surprising that a higher number of 166 of the respondents indicate the natural characteristic of homoeopathy to be their reason for considering consulting with a homoeopath.

4.5 HISTORY OF HOMOEOPATHIC MEDICATION

From the previous section, the critical points that emerged were that homoeopathy is natural and homoeopathic medication has minimal side effects. In light of these, it was reasonable to know whether the respondents have had experience with homoeopathic medications. Hence, they were asked the following question “Have you ever take a homoeopathic medication before?” It was found that the majority (95.4%) have never taken homoeopathic medicine while few (4.6%) claimed to have taken homoeopathic medication before (Figure 4.5).

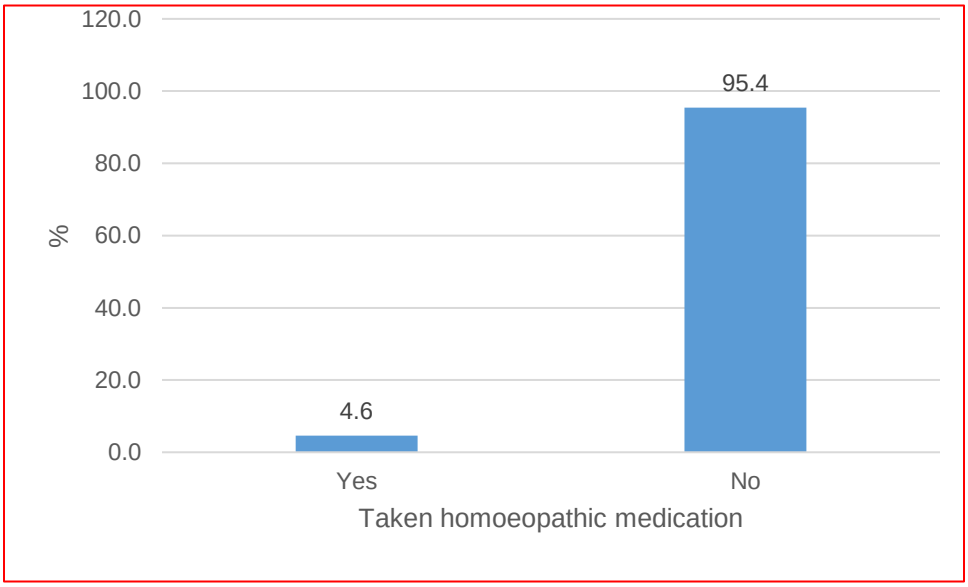

Figure 4.5: Showing respondents who have taken homoeopathic medication

Amongst those who noted to have taken homoeopathic medication, it can be gathered from Table 4.25 that the respondent’s only source of homoeopathic medication was the prescription by a homoeopathic doctor.

Table 4.25: Respondents source of homoeopathic medication

	n	Value	
		Yes	No
Prescription by a homoeopathic doctor	18	18	0
Over-The-Counter homoeopathic medication	18	0	18
Friend/ relative	18	0	18

4.6 PERCEPTION OF HOMOEOPATHIC PROFESSION

It has been established that the majority (54%) of the respondents would consider consulting with a homoeopath owing to the natural characteristics of homeopathic medication. Bearing this in mind, it was reasonable to know the general perceptions of the respondents regarding homoeopathy profession. This is critical as part of the motivation for this study was to provide a robust argument for the need of homoeopaths in the primary healthcare system at the Matatiele community. As such a Chi-Square test was used to measure the level of differences in the respondent's perceptions of homoeopathy profession.

As described in Table 4.26, it can be seen that a significant majority (88.7%) of the respondents believed that homoeopathic treatment is offered as a treatment option for most medical conditions (P<0.001). More importantly, a significant majority of the respondents noted that homeopathic treatment is available in hospitals and clinics (P<0.001). According to a significant majority (88.7%) of the respondents, it will be safe to be treated by a homoeopath in hospitals (P<0.001). Given the high acceptability of homeopathy treatment and its support to be included in the primary healthcare system (hospitals and clinics), it was no surprise that a significant majority (80%) of the respondents disagreed that homoeopaths and traditional healers can work together (P<0.001).

Table 4.26: Respondents perceptions of homoeopathy profession

Statements	N	Value		Mean	SD	Sig.
		Yes	No			
Homoeopathic treatment be offered as a treatment option for most medical conditions	391	88.7%	11.3%	1.11	0.32	0.000
Homoeopathic treatment be available in hospitals and clinics	391	88.7%	11.3%	1.11	0.32	0.000
Will it be safe to be treated by a homoeopath in hospitals	391	88.7%	11.3%	1.11	0.32	0.000
Homoeopaths and traditional healers can work together	391	12.0%	80.0%	1.88	0.33	0.000

P<0.05

Drawing from the foregoing, it is safe to say that the respondents consider the professionalism of homoeopathy profession and sees them in the same bracket as the allopathic doctors. More significantly, it can further be deduced that the majority of the respondents did not see any relationship between the homoeopathy profession and the traditional healers.

Given the new understanding of homoeopathy, it was interesting to note that all the respondents agreed that they would be willing to learn more about homoeopathy (Table 4.27).

Table 4.27: Respondents interest in learning about homoeopathy

		Frequency	Percent
Response	Yes	391	100.0

4.7 RELIABILITY OF THE RESEARCH INSTRUMENT

The reliability of the research instrument was assessing using Cronbach's alpha. As proposed by George and Mallery (2003), a reliability coefficient with an alpha value of 0.70 or higher is "acceptable". It can be gleaned from Table 4.28, that the multi-point question that addresses perceptions of health care professionals (α= 0.835) has good reliability.

Table 4.28 Cronbach's alpha

	Number of Items	Cronbach's Alpha
Perceptions of health care professionals	15	0.835

4.8 CONCLUSION

In summary, this chapter has brought the forefront of the perceptions, experience, and knowledge of homoeopathy amongst respondents in the rural Matatiele community. It emerged that the majority of the respondents have little knowledge about homoeopathy, hence they have contributed to the lack of consultation with a homoeopathy.

Amongst those who have consulted with a homoeopath, the majority have consulted 2-4 times and were recommended by friends, family, GP, and nurses. Equally, it was established that only a few of the respondents have taken homoeopathic medicine and it was prescribed for treatment by a homoeopath.

Although the GP was the primary healthcare provider in the community, the majority of the respondents noted that they would consider consulting with a homoeopath for their medical treatment. The main reason given for their consideration was that homoeopathic medicine was natural and has minimal side effects

Overall, this chapter conclusively showed that the majority of the respondents have a good perception of homoeopathy and have suggested the inclusion of homoeopathy into the primary healthcare system (hospitals and nurses). As a consequence, the respondents noted their wiliness to learn more about homoeopathy.

CHAPTER 5: DISCUSSION OF THE RESULTS

5.1 INTRODUCTION

This chapter is envisioned to discuss and interpret the research findings in the context of the existing literature. Nevertheless, the researcher was able to source only a limited number of studies providing a review and evaluation on homoeopathic awareness. The researcher noted the scarcity of empirical data exploring homoeopathic perception and awareness especially homoeopathy awareness and perceptions in the communities of South Africa, which is evidence that homoeopathic perception has received diminutive attention especially with regards to awareness. Therefore, most of the literature used in the discussion of the findings are from studies of health care professional disciplines other than homoeopathic.

5.2 OVERVIEW OF THE RESEARCH DISCUSSION

This study aimed to determine the perceptions and awareness of homoeopathy in the rural Matatiele municipality in the Eastern Cape Province. The nature of the study is quantitative, descriptive design and survey method was employed where data was collected using questionnaires with residents of rural Matatiele Municipality. What emerged on findings included Knowledge about Homoeopathy, experience with the healthcare profession, history of Homoeopathic medication and Homoeopathic medication accessibility. The mentioned-above are discussed and interpreted below, and they are authenticated by the relevant literature.

5.3 BACKGROUND INFORMATION

From the demographic information highlighted in Table 4.1, it was found that more of the respondents were females. The high number of female respondents may be attributed to the demographic setting of the study location, which is rural Matatiele. As highlighted in the Eastern Cape Socio-Economic Consultative Council (2017) report, Matatiele municipality has more females (53.05%) than males (46.95%). It can, therefore, be assumed that the gender distribution in this study is a clear reflection of the Matatiele municipality.

Moreover, it was observed that younger respondents form the largest age group while older adults had the lowest representative (Table 4.1). This is indicative that younger people were keen to take part in the study. The outcomes of the study by Eastern Cape socio-economic consultative council (2017) indicated that the largest age group distribution is within (0-14 years) which is 37.6% of the total population. Indeed, this share of the population (0-14 years) was under the exclusion criteria. Following this, 25-44 years (24.4%) is the second-largest age group as shown by (Eastern Cape socio-economic consultative council 2017). Consequently, teenagers and youth 15-24 years fall under third age group distribution and the least age category is the old age (65 years and older) (Eastern Cape socio-economic consultative council 2017).

The majority of respondents were Black (81.3%), followed by Coloured (12.3%) and White (6.4%). Unquestioningly, looking at the racial outline in South Africa predominantly in the rural area of Matatiele, the ethnic distribution observed in the study could be considered a fair distribution. Although, the rural Matatiele municipality is known to be populated by isiXhosa speaking people (Statistics South Africa 2011), however, more of the respondents in this study were Sesotho speaking people (Table 4.2).

5.4 KNOWLEDGE ABOUT HOMOEOPATHY

From a global perspective, and as by Prinsloo (2011), the homoeopathic profession is among the fastest-growing medical modalities worldwide. According to the author, people are becoming more aware and eager to learn more about homoeopathy. Despite the assumed interest in homoeopathy, this study found that the knowledge about homoeopathy in Matatiele was significantly low ($P<0.05$). The finding reveals that only a few (7.9%) have heard about homoeopathy. The low knowledge of homoeopathy found among the respondents could be attributed to their racial distribution-which were mostly black South Africans (Figure 4.1). For example, while Khumalo (2015) had suggested that there is a high knowledge of homoeopathy among the Indian population, Ngobese (2018) revealed that Black South African have poor knowledge of homoeopathy. Corroborating further, Lamula (2010) in his study

conducted at Mnambithi Municipality, found that nearly 98.6% of the respondents have not heard of homeopathy. It can, therefore, be assumed that there is low knowledge of homeopathy amongst the Black South Africans.

Moreover, and among the respondents who knew about homoeopathy, it was found that the majority of them got the knowledge through word of mouth (67.7%). This finding is in agreement with Attena *et al.* (2000) that 87.5% of those who knew about homoeopathy heard it through word of mouth. Equally important, it emerged that 48.4% of the respondents knew about homeopathy through their healthcare practitioners. It is sufficient to say that there is an element of referral by the allopathic practitioners that have influenced the knowledge of homoeopathy in the community. Another notable source of homoeopathy knowledge in the community was through the media (Table 4.8). Although homoeopathic practitioners are refrain from AHPSA (2015) code of ethics from media advertisement, the number of respondents who heard the knowledge of homoeopathy through the media may be due to the media attention of the homoeopathy profession. This supports the assertion made by Eyles *et al.* (2011) that homeopathy is receiving media attention in recent years.

Despite the perceived claim by some of the respondents to know about homoeopathy, it was surprising to note that none of the respondents have ever consulted with a homoeopath for a medical advice (Table 4.16). The lack of medical advice from a homoeopath could be linked to homoeopathy not being included in the primary health care system. This view is in agreement with Erwin, Marks and Couchman (2014), who noted that homeopathy has not been integrated into public health services. Equally, the demographic profile of the respondents (Table 4.1) did not fit into the categories of patients that use alternative medicines who the early work report of Astin (1998) revealed are educated, middle class, white person, and within the ages of 25-49 years. For example, and as highlighted in the Eastern Cape Socio-Economic Consultative Council (2017), Matatiele municipality is a predominantly rural community dominated by Black Africans.

Furthermore, it emerged that a significant majority (62.4%) of the respondent have the general medical practitioners as their primary health care provider (Table 4.17). The findings further reinforced the general perception that allopathic medicine dominates the primary health care system (Erwin Marks and Couchman 2014). Surprisingly, it also emerged that quite a few (20.2%) of the respondents have Isangoma as their primary health care provider (Table 4.17). The reason for this may be associated with the rural nature of Matatiele and the cultural relevance of traditional medicine in the Africa population. According to the early work of Timah (2000), indigenous medical systems have cultural relevance and are accessible by the people. More so, Erwin Marks and Couchman (2014) further espoused that about 80% of people in rural communities rely heavily on traditional health care practices for their primary health care needs.

5.5 PERCEPTIONS OF HOMOEOPATHY

While it emerged that none of the respondents had homoeopathy as their primary healthcare provider, it was found that respondents who knew about homoeopathy had in-depth knowledge of the profession (Table 4.9). It was found the respondents assumed homoeopathy makes use of remedies that can cause the same symptoms. This view aligns with the fundamental principle of homoeopathy that a disease can be cured by a substance that produces similar symptoms in healthy people (National Center for Complementary and Integrative Health 2018). Equally significant, it emerged from the response that homoeopathy prescribed remedies in diluted form (Table 4.9). This also agrees with the tenet of homoeopathy practice that diluted remedies are used to treat similar conditions (Sankaran 1991). The use of diluted remedies in homoeopathy can be attributed to the law of minimum dose which suggests the lower the dose of the medication, the greater its effectiveness.

Further to the above, 87.1% of the 27 number of respondents who knew homoeopathy agreed that homeopaths prescribe plant extract. As highlighted in the National Center for Complementary and Integrative Health (2018) report, homoeopathic products come from plants such as red onion, and mountain herb. The findings from this study further support Erwin Marks and Couchman (2014) that alternative medicines like

homoeopathic pills and powders use herbs and plants to promote wellbeing. The use of plant extracts in homoeopathy remedies to treat ailment may have influenced a few (6.5%) of the respondents to relate homoeopathy with traditional healers (Table 4.11). Erwin Marks and Couchman (2014) alleged that the indigenous practice of using herbal medicine is common in Africa. Added to this, Sobieeki (2014) noted that traditional practitioners such as Inyanga and Isangoma use plant medicine for healing and spirituality.

Nonetheless, it was found that the majority (87.1%) of the respondents assumed that homoeopathy has a scientific base. This strongly resonates with Sekonyela (2016) that homoeopathy conform to well-proven scientific laws and theories such as physics, chemistry, and the concept of vaccination. This cannot be said about traditional medicine which is premised on divination and ancestral beliefs (Sobieeki 2014). The scientific evidence of homoeopathy is further supported by the unanimous response that homoeopathy and traditional healers do not receive the same training (Table 4.12), and such, do not communicate with ancestors (Table 4.13).

Moreover, the majority the respondents perceived that homoeopathic medicines have undergone clinical trials (Table 4.10). This also resonates with several randomised clinical trials that have been conducted on homoeopathy medication (Poruthukaren *et al.* 2013; Sharma, Narula, and Manchanda 2015; Manchanda *et al.* 2016). For example, Poruthukaren *et al*. (2014) clinically evaluated homoeopathy viscum album mother tincture for use as an antihypertensive medicine. Further to this, Manchandra *et al.* (2016) clinically verified symptomatology of formic acids.

In terms of the safety of the homoeopathy, it was found that more of the respondents consider homeopathy medicine to be safe for both infants, newborn, and pregnant women (Table 4.10). This also in agreement with the systematic review conducted by Boltman-Binkowski (2016) that the ingestion of homoeopathic product like ginger during pregnancy has no harmful maternal or neonatal effects. More so, it is reported in the literature that homoeopathic remedies have been used to assist with childbearing and pregnancy for centuries (Boltman-Binkowski 2016). This could not be said of allopathic medication which is traditionally avoided during pregnancy

because of the perceived teratogenic effect of the medication (Boltman-Binkowski 2016).

Further to the above, Michalsen and his co-worker evaluated the safety and compliance of a complex homoeopathic drug in treating children and adults (Michalsen, Uehleke and Stange 2015). The authors concluded that adverse reaction to homoeopathic principles is extremely rare, this reaffirming the safety of homoeopathy medicine to treat infants. This strongly corroborates with the recent claim made by Manchandra (2018) that homoeopathic treatment is safe and causes minimal to no adverse effects.

5.6 EFFECTIVENESS OF HOMOEOPATHY

Since the introduction of homoeopathy over a century by Hahnemann, the practice of homoeopathic has remained contentious and particularly viewed by the allopathic practitioners to be nothing less than a placebo (Pakpoor 2015). More so, a report made by the Australian National Health and Medical Research Council warned against the use of homoeopathic to treat a health condition that is perceived to be chronic, serious or that could become serious (Pakpoor 2015). On the contrary, this study found that the majority of the respondents that know homoeopathy (n=31) consider it to be effective to treat both acute (Table 4.14), and chronic health conditions (Table 4.15).

In reviewing the literature related to the effectiveness of homoeopathy medication in the management of both acute and chronic conditions, several studies reported that homoeopathic remedy was significantly better than the placebo (Poruthukaren *et al*. 2014; Sharma, Narula and Manchanda 2015; Iannitti *et al*. 2016; Jacobs and Taylor 2016; Jong *et al.* 2016). Particularly, Iannitti et al. (2016) reported that homoeopathic Arnica montana was more effective compared to the placebo for the treatment of post-surgical setting, pain, and inflammation. Similarly, Jong *et al.* (2016) reported the effectiveness of homoeopathic complex in the treatment of upper respiratory tract infections.

In terms of the effectiveness of homoeopathic remedy for the management of chronic conditions, Poruthukaren *et al.* (2014) reported that homoeopathic Viscum album

Mother Tincture showed promising optimising therapy for primary hypertensions. The report suggested that there was a significant drop in blood pressure and serum triglyceride after homoeopathic treatment. Equally important, Sharma, Narula and Manchanda (2015) reported a positive outcome in a review of homoeopathic remedy in the management of the chronic asthmatic condition. The authors found that homoeopathic remedies were significantly effective in controlling an acute episode of asthma and showed reduce frequency and intensity of subsequent episodes.

Moreover, it has been alleged that many people now integrate, use and value homoeopathy medicine as a complementary treatment option. Manchanda (2018) revealed that patients are satisfied with homoeopathy remedy efficacy and tolerability. The efficacy and tolerability of homoeopathic remedies are in agreement with the perception of some of the respondents in this study (n=31) that homoeopathic medicines have undergone clinical trials, are safe for use in newborns and infants, pregnancy, and for use by the elderly population (Table 4.10).

5.7 EXPERIENCE WITH THE HEALTHCARE PROFESSION

In health care services, patient's perceptions of their healthcare provider are highly critical to the perceived quality of service. Accordingly, the early report by Mercer and Reilly (2004) acknowledged that the time made available for consultation, the empathy of the doctor with the patient, discussion and shared decision-making between patient and doctor, and the on-going therapeutic doctor-patient relationship are sought-after factors of care at the hospital. On the contrary, this study found that the majority of the respondents appeared to be dissatisfied with the overall consultation service received from their healthcare professional. For instance, it emerged that the healthcare provider "sometimes" listens to all they have to say about their illness, sympathize with their problems, and discuss with them the treatment they have in mind, etc. (Table 4.18). The perceived poor-quality interaction with the patient and their healthcare providers could be attributed to the tight schedule that is accustomed common in the hospital. This assertion corroborates with Kautzky and Tollman (2008) that there is a shortage of staff within the primary healthcare sector in

South Africa resulting in medical staff being incapable of coping with the current demands. This is further supported by the number of respondents who claimed that the conventional healthcare system had failed them (Table 4.21).

Although there were very few (4.9%) respondents had consulted with a homoeopath (Table 4.19), this study, however, failed to gauge their experience with a homoeopathic doctor. Nevertheless, previous studies on the experience of patients and homoeopathic doctors may provide a useful insight into the relationship between homoeopathic doctors and their patients. Of interest, other studies (Dube 2015; Khumalo 2015; Love 2016; Ngobese 2018) claimed that patients were highly satisfied with the consultations and services provided by the homoeopaths. This resonates with the notion made by (Manchanda 2018) that homoeopathy is practiced around patient-centric approaches. Taken together, the aforementioned studies provide a wealth of evidence that suggests a positive relationship between a homoeopath and their patients. Hence, it was not surprising to note that the majority of the respondents indicated their interest to consult with a homoeopath in the future. Much of this interest was stimulated by the fact that homoeopathic medicine is considered to be natural (Table 4.24).

5.8 CONCLUSION

This chapter discussed the results of the study to illustrate the perceptions of homoeopathy and awareness in rural Matatiele Municipality. This study provided profound insight into the perceptions and awareness regarding homoeopathy. The next chapter gives the conclusion and the recommendations for further studies.

CHAPTER 6: CONCLUSION, LIMITATIONS AND RECOMMENDATIONS

6.1 INTRODUCTION

The general aim of the study was to determine the perceptions and awareness of homoeopathy in the rural Matatiele municipality in the Eastern Cape Province. Consequently, a quantitative study was conducted to discover the perceptions and awareness of homoeopathy in the rural Matatiele municipality in the Eastern Cape Province. It was worth stressing that this is one of the few quantitative studies concerning perceptions and awareness at the rural Matatiele municipality

6.2 CONCLUSION

It emerged from the study that a very few participants based in rural Matatiele know homoeopathy. It was also established from the study results that the respondents got to know about homoeopathy through various channels for instance word of mouth, healthcare practitioners, and media. This in line with achieving the first objective which is to determine the awareness of homoeopathy in the rural Matatiele municipality in the Eastern Cape Province in terms of perception and awareness questionnaire.

Nevertheless, it was interesting to find out that the majority of the participants showed their willingness to know more about homoeopathy. Summing up, and in terms of achieving objective two which is to determine the perception of homoeopathy amongst residents in the rural Matatiele municipality, this study conclusively shows that participants showed their willingness to consult with a homoeopath in future. This was due to the perception that homoeopathic remedies are natural, and safe to use with minimal side effects.

6.3 LIMITATIONS

- The questionnaire was in English and IsiXhosa, the researcher speculated that residents were either fluent in these languages. Nevertheless, residents who were unable to express themselves in the English and isiXhosa were excluded in the study.
- The study did not include the residents who have stayed less than a year information from this group of participants that would have strengthened the research findings.

6.4 RECOMMENDATIONS

6.4.1 Further research

The researcher recommends conduction of interviews for future studies, the reason being some participants were so uncomfortable to fill the questionnaires.

6.4.2 Homoeopathic education

The researcher recommends that the homoeopathic department brings awareness, for instance, career exhibitions or career fairs and community engagements.

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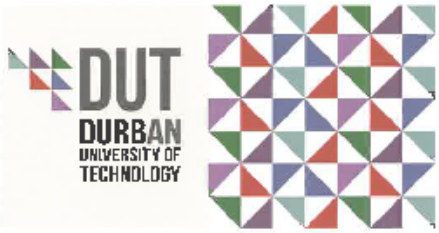
APPENDICES

Appendix 1: DUT Ethics clearance



Institutional Research Ethics Committee
Research and Postgraduate Support Directorate
3rd Floor Berwyn Court
Gate 1 Steve Biko Campus
Durban University of Technology

P O Box 1334 Durban South Africa 4001

Tel: 031 373 2375
Email: irec@dut.ac.za
http://www.dut.ac.za/research/institutional_research_ethics

www.dut.ac.za

30 October 2018

Miss M H Bolobolo
28.24 Emerald Sky
Shingler Road
East London
5200

Dear Miss Bolobolo

Perceptions and awareness of homoeopathy in the rural Matatiele municipality in the Eastern Cape province

The Institutional Research Ethics Committee acknowledges receipt of your notification regarding the piloting of your data collection tool.

Kindly ensure that participants used for the pilot study are not part of the main study.

In addition, the IREC acknowledges receipt of your gatekeeper permission letters.

Please note that FULL APPROVAL is granted to your research proposal. You may proceed with data collection.

Any adverse events [serious or minor] which occur in connection with this study and/or which may alter its ethical consideration must be reported to the IREC according to the IREC SOP's.

Please note that any deviations from the approved proposal require the approval of the IREC as outlined in the IREC SOP's.

Yours Sincerely,

Professor J K Adam
Chairperson: IREC

Appendix 2A: Gatekeeper Application Letter

DUT DURBAN UNIVERSITY OF TECHNOLOGY

15-01-2018

P.O Box 1911

Matatiele

4730

Request for Permission to Conduct Research

Dear Dr Ramela

My name is Matokoloho Henrietta Bolobolo, an M.Tech: Homeopathy student at the Durban University of Technology. The research I wish to conduct for my Masters dissertation is Perceptions and awareness of homoeopathy in the rural Matatiele municipality in the Eastern Cape Province.

I am hereby seeking your consent to conduct my research at your facility..

I have provided you with a copy of my proposal which includes copies of the data collection tools and consent and/ or assent forms to be used in the research process, as well as a copy of the approval letter which I received from the Institutional Research Ethics Committee (IREC).

If you require any further information, please do not hesitate to contact me on 072 265 8219 or at tokabolobolo@yahoo.com. Thank you for your time and consideration in this matter.

Yours sincerely,

Matokoloho Henrietta Bolobolo

Durban University of Technology

Appendix 2B: Gatekeeper Permission

Dr K.I RAMELA INC

96 HIGH STREET

SHOP 9 KENJE PROPERTIES

MATATIELE

RE: Permission granted to conduct research

To whom it may concern

This serves as a formal letter to allow the below student to conduct her research for her masters dissertation perceptions and awareness of homoeopathy in the form of questionnaire and interviews in our DENTAL CLINIC.

STUDENT NAME: MATOKOLOHO BOLOBOLO

INSTITUTION: DURBAN UNIRVERSITY OF TECHNOLOGY

REGARDS

Dr K.I Ramela

TEL: 0397373384

CELL: 0827354178

Dr. K. I. Ramela Inc.
BDS (Medunsa) P.R. No: 0552725
96 High Street Shop 7
MATATIELE
Telefax: 039 737-3384

Appendix 2C: Gatekeeper Application Letter

15-01-2018

Head of Department/ Municipal manager

Matatiele Municipality

Eastern Cape

102 Main Street

Matatiele

4730

Request for Permission to Conduct Research

Dear Sir/Madam

My name is Matokoloho Henrietta Bolobolo, an M.Tech: Homeopathy student at the Durban University of Technology. The research I wish to conduct for my Masters dissertation is Perceptions and awareness of homoeopathy in the rural Matatiele municipality in the Eastern Cape Province.

I am hereby seeking your consent to conduct my research your facility.

I have provided you with a copy of my proposal which includes copies of the data collection tools and consent and/ or assent forms to be used in the research process, as well as a copy of the approval letter which I received from the Institutional Research Ethics Committee (IREC).

If you require any further information, please do not hesitate to contact me on 072 265 8219 or at tokabolobolo@yahoo.com. Thank you for your time and consideration in this matter.

Yours sincerely,

Matokoloho Henrietta Bolobolo

Durban University of Technology

Appendix 2D: Gatekeeper permission

MATATIELE
LOCAL MUNICIPALITY

102 Main Street,
Matatiele
P.O. Box 35,
Matatiele, 4730
Tel: 039 737 3135
Fax: 039 737 3611

OFFICE OF THE MUNICIPAL MANAGER

ENQ: MS M Molefe

26 October 2018

Mr MH Bolobolo
28.24 Emerald Sky
Shingler Road
East London
5200

Dear Miss Bolobolo

RE: PERMISSION TO USE MATATIELE LOCAL MUNICIPALITY AS A RESEARCH SUBJECT

Your letter of request to undertake the study on the above subject bears reference.

Matatiele Local Municipality takes pleasure to inform you that your request to undertake the research study is approved, taking into account the objective of the research study, ethical consideration and the timeline of the study that you promised to observe.

The municipality wishes you success in your research study. The municipality will appreciate if the final product could be shared with the Municipality.

Kind regards,

....

DR DCT NAKIN
MUNICIPAL MANAGER

Where Nature, Agriculture, Tourism are Investments of Choice.

Electrical Services: 079 522 5770 **Prepaid Sales:** 079 523 322 **Finance Office:** 039 737 3565 **Disaster and Fire:** 039 7360610/079 521 2225
Police(SAPS): 039-7379904/9505 **Water:** 047 870 1675 **Ambulance:** 10177 **Traffic:** 079 322 9774

Appendix 2E: Gatekeeper Application Letter

15-01-2018

Chief/Pastor/centre manager

Request for Permission to Conduct Research

Dear Sir/Madam

My name is Matokoloho Henrietta Bolobolo, an M.Tech: Homeopathy student at the Durban University of Technology. The research I wish to conduct for my Masters dissertation is Perceptions and awareness of homoeopathy in the rural Matatiele municipality in the Eastern Cape Province.

I am hereby seeking your consent to conduct my research at your facility.

I have provided you with a copy of my proposal which includes copies of the data collection tools and consent and/ or assent forms to be used in the research process, as well as a copy of the approval letter which I received from the Institutional Research Ethics Committee (IREC).

If you require any further information, please do not hesitate to contact me on 072 265 8219 or at tokabolobolo@yahoo.com. Thank you for your time and consideration in this matter.

Yours sincerely,

Matokoloho Henrietta Bolobolo

Durban University of Technology

Appendix 2F: Gatekeeper permission

ELOHIM
INTERNATIONAL

01 October 2018

NATIONAL HEADQUATERS
THANDOKHULU HALL
21 MAIN ROAD
MOWBRAY
7700

RE: Permission Granted to Conduct Research

To whom it may concern

This serves as a formal letter of consent to allow the below student to conduct her research for her Masters dissertation Perceptions and awareness of homoeopathy in the form of questionnaires and interviews at our ministry, Elohim international.

Student full names: Matokoloholo Boloholo
Institution: Durban University of Technology

Kind regards

Pastor Tondi Nematei
Administration Department
Elohim International
Cell: +27 81 046 6870

Appendix 3A: Letter of information (English)

Title of the study: Perceptions and awareness of homoeopathy in the rural Matatiele municipality in the Eastern Cape Province**.**

Principal Investigator/s/researcher: Ms Matokoloho Henrietta Bolobolo, B Tech: Homeopathy

Supervisor/s: Dr J.C. Ngobese-Ngubane, M. Tech: Homoeopathy

Co-Investigator: Dr M. Maharaj, M. Tech: Homoeopathy

Brief Introduction and Purpose of the Study: Homoeopathy is not part of the public healthcare sector; local research has shown that homoeopathy is a valuable form of medicine in the public healthcare and research has been done to find out what the patients think about this form of medicine. A study done by Lamula (2010) stated that most respondents 98.6% had not heard of homoeopathy before. Only 0.1% of respondents had consulted a homoeopath before. 83.8% of respondents answered that they would consider consulting a homoeopath in the future, and 43.3% indicated they were interested in learning more about homoeopathy. It would be therefore interesting to explore if these finding would still be the same as much has changed over the years. We are doing a research study Perceptions and awareness of homoeopathy in the rural Matatiele municipality in the Eastern Cape Province.

Outline of the Procedures: I am asking that you take part in a 15 minutes to complete the questionnaire. The completion of the questionnaire will take place at the place you are mostly comfortable with. The questionnaire is available in English and isiXhosa depending on the language of your preference. The questionnaire explores your knowledge with regards to homoeopathy. You will be assisted by the researcher should you be facing challenges or cannot read clearly. Your responses will be anonymous, no personal identification on the questionnaire is required. 400 participants will be included in the study and in order for you to be included you will need to be 18 years old and above, have lived in Matatiele for 1 year or more and at least be able to understand either English or isiXhosa.

Non-participation: You are not forced to participate in this study. Participation in this study is voluntarily. If you don't participate in this study, you would not be treated differently.

Risks or Discomforts to the Participant: There are no risks involved when participating in this study.

Benefits: The information that you will share with the researcher, may contribute towards improving the awareness drives around Matatiele. You may also benefit from learning about homoeopathy as an option to primary healthcare.

Reason/s why the Participant May Be Withdrawn from the Study: The researcher may stop you from taking part in the study at any time if she believes it is in your best interest. Also, participants may choose to withdraw from the study at any time during the interview process with no adverse consequences for these participants.

Remuneration: Participants will not be remunerated for taking part in the study.

Costs of the Study: There is no cost involved for participants taking part in the study.

Confidentiality: Your personal details will not be disclosed at any stage of the study. The interview documents will be kept secure by the researcher for the duration of the research and then stored in a locked office of research study personnel at Durban University of Technology, Homoeopathy department and destroyed within 5 years. Only people involved in the research will be able to access this information. None of the information you give me will be shared with providers at the clinic, your family members or anyone else outside of this research project, your name will not be used in any written reports or articles that result from this project.

Research-related Injury: Due to the nature of the research there is no anticipated risk for injury related to research. No compensation will be made for such claims.

Persons to Contact in the Event of Any Problems or Queries:

Please contact the researcher Ms Matokoloho Henrietta Bolobolo (cell no. 0722658219), my supervisor Dr Ngobese-Ngubane (tel no 0313732484.) and Dr M Maharaj (tel no. 0313732481) or the Institutional Research Ethics administrator on 031-373 2375. Complaints can be reported to Acting Director: Research and Postgraduate Support, Prof C E Napier, 031 373 2577 or carinn@dut.ac.za

Isihlome 3B: Ileta yolwazi kuba bathathi-nxaxheba (IsiXhosa)

Isihloko sophando: Uphando lweengcamango nophando lwe- homoeopathy kumasipala wase-Matatiele yasemaphandleni kwiphondo laseMpuma koloni

Umphandi: Nksk. Matokoloho Henrietta Bolobolo, B.Tech. Homoeopathy

Umphathi/abaphathi: Gqr. J. C. Ngobese-Ngubane, M. Tech. Homoeopathy

Isekela-mphathi: Gqr. M. Maharaj, M. Tech. Homoeopathy

Isaathiso esimfutshane kunye nenjogo yophando: I-homoeopathy ayiyiyo inxalenye yecandelo likhathalelo lezempilo loluntu; uphando lwenginqi lubonise ukuba i-homoeopathy yindlela ekhethekileyo yonyango loluntu kwaye uphando lwenziwe ukufumanisa ukuba izigulane zicinga ntoni ngale ndlela yonyango. isifundo esenziwe nguLamula (2010) sathi baninzi abasabelayo (98.6%) abakaze bave ngehomoeopathy. Kuya kuba nomdla ukuphanda ukuba ezi ziphumo ziya kuba zifana nokutshintsha okuninzi kwiminyaka. Senza uphando lweengcamango nophando lwe- homoeopathy kumasipala wase-Matatiele yasemaphandleni kwiphondo laseMpuma koloni.

Uluhlu lweenkqubo: siyakecela ukuba uthathe inxaxheba kwimida eyi-15 ukugqiba le mibuzo. Ukugqitywa kwemibuzo yeebuzo kuza kwenzeka kwindawo okhululekileyo kuyo. Le mibuzo ifumaneka ngesiNgesi nangesiXhosa kuxhomekeke kulwimi olukhethileyo. Le mibuzo ihlola ulwazi lwakho ngokubhekiselele kwi-homoeopathy. Uyakuncedwa ngumphandi ukuba unokujongana nemingeni okanye awukwazi ukufunda ngokucacileyo. Iimpendulo zakho ziya kuba zingaziwa, akukho ncwadana yokuchonga kwimibuzo efunekayo. Abathathi-nxaxheba abangama-400 baya kufakwa koluphando kwaye ukuxe udubaniswe uza kufuneka ube neminyaka eyi-18 ubudala nangaphezulu, uye wahlala eMatatiele unyaka omnye okanye ngaphezulu kwaye ube unokukwazi ukuqonda isiNgesi okanye isiXhosa.

Ukungathathi-nxaxheba: Awunyanzelekanga ukuba uthathe inxaxheba kolu cwaningo. Kulindeleleke ukuba ungene kolu phando ngokuzithandela, ukuba awuyi thathi inxaxheba kolu phando awuyi kunyangwa ngokungafaniyo.

Ingozi okanye ukungazinzi kubathathi-nxaxheba: Abukho ubungozi xa uthatha inxaxheba kolu phando.

Inzuzo: ulwazi oluza kubelana nathi mgexesha lodliwano-ndlebe, lunokufaka isandla ekuphuculeni ukuqhubela ulwazi malunga nommandla wase-Matatiele. Unokufumana inzuzo ngokufunda malunga ne-homoepathy njengenketho yokunakekelwa kwezempilo.

Izizathu zokubangela ukuba abathathi-nxaxheba bayekiswe kuphando: Umphandi angakuyeka ukuba uthathe inxaxheba kuphando nanini na xa ekholelwa ukuba uyona nto inomdla. Kwakhona abathathi-nxanxheba bangakhetha ukurhoxa kuphando nangaliphi na ixesha lodliwano-ndlebe ngaphandle kwemiphumo emibi kula bathath-nxaxheba.

Umvuzo: Abathathi-nxaxheba abayi kuhlawulwa ngokuthatha inxaxheba kuphando.

Indleko kolu phando: Akukho zindleko ezibandakanyekayo kubathathi-nxaxheba kuphando.

Imfihlelo: Iinkcukacha zakho zobuqu aziyi kubhangezwa kwinqanaba lophando, amaxwebhu oononophelo aya kugcinwa zikhuselekile ngumphandi ngexesha lophando kwaye zigcinwe kwiofisi ekhutshiweyo yocwaningo lophando e-Durban univesithi of theknologi, nakwisebe le-homoeopathy ze zitshabalaliswe kwinyaka emi-5. Uphando luya kukwazi ukufikelelwa ngabantu abachaphazelekayo kolu phando, ingcaciso ondinike yona ayiyi kubelwa kunye nababoneleli kwikliniki, amalungu ekhaya lakho okanye nawuphi na umntu ngaphandle kweprojekthi. Igama lakho aliyi kusetyenziswa nakuyiphi na into ebhaliweyo, iingxelo okanye amanqaku avela kule projekthi.

Ukulimala okunxulumene nophando: Ngenxa yobume bophando akukho nango mngcipheko wokulimala ohambelana nophando. Akukho mbuyekezo eya kwenziwa malunga namabango.

Abantu ongaqhagamshelana nabo kisiganeko sengxaki okanye imibuzo.

Nceda uqhagamshelane nomphandi u-Ms Matokoloho Henrietta Bolobolo (cell no. 0722658219), ubaphathi bophando u-Dr Ngobese-Ngubane (tel no 0313732484.) kunye no-Dr M Maharaj (tel no. 0313732481) okanye i- Institutional Research Ethics administrator on 031-373 2375. Izikhalazo zingabikwa ku- Acting Director: Research and Postgraduate Support, Prof C E Napier, 031 373 2577 or carinn@dut.ac.za

Appendix 4A: Consent in English

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, (Matokoloho Henrietta Bolobolo), about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: **086/18**,
- I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

_____	_____	_____	_____
Full Name of Participant	**Date**	**Time**	**Signature**

I, _____ (Matokoloho Henrietta Bolobolo) herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

_____	_____	_____
Full Name of Researcher	**Date**	**Signature**

_____	_____	_____

Full Name of Witness (If applicable)	Date	Signature
_____	_____	_____

Appendix 4B: Isivumelwano

Isitatimenti sesivumelwano sokuthatha inxaxheba kwisifundo sophando

- Ndiyaqinisekisa ukuba ndixelelwe ngumphandi _____ (u-Matokoloho Henrietta Bolobolo) malunga nohlobo, ukuziphatha, iinzuzo kunye nemingcipheko kwesi sifundo sophando – Research Ethic Clearance Number: _____,

- Ndiye ndamkela, ndafunda kwaye ndaqonda le ngcaciso ebhaliweyo ngasentla (incwadi yenxaxheba yolwazi) malunga nolu phando.

- Ndiyazi ukuba iziphumo zesifundo zolu phando, kuquka iinkcukacha zobuqu malunga nobulili bam, ubudala, umhla wokuzalwa, iziqalo zokuqala kunye nokuxilongwa ziya kuthiwa zingabonakaliswa ngokungaziwa kwingxelo yolu phando.

- Ngenxa yeenfuno zophando, ndiyavuma ukuba idatha eqokelelwe kule ngcaciso ingaqwalaselwa kwinkqubo yekhompyutha ngumphandi.

- Ndiyakwazi, ngaliphi na inqanaba ngaphandle kokubandlulula ukuyeka ukuvuma kwam, nokuthatha inxaxheba kwesifundo solu phando.

- Ndiyanele ithuba lokubuza imibuzo kwaye inkululeko yam iya kuthi ndikulungele ukuthatha inxaxheba kwisifundo solu phando.

- Ndiyaqonda ukuba iziphumo ezintsha ezifunyenweyo ngethuba lophando olunokubambisana nokuthatha inxaxheba kwam, ziya kufumaneka kum.

_____ _____ _____
_____

Igama usuku ixhesha sayina

Mna _____ (u-Matokoloho Henrietta Bolobolo) ndiyaqinisekisa ukuba lo mntu uthathe inxaxheba ucaciselwe ngokubanzi malunga nemvelo, ukuziphatha kunye neengozi zezifundo zophando olungentla.

_____ _____ _____

Igama lomphandi **usuku** **sayina**

_____ _____ _____

Igama lengqina **usuku** **sayina**

Appendix 5A: PERCEPTIONS TOWARD HOMOEOPATHY QUESTIONNAIRE: ENGLISH **(adapted Lamula 2010)**

Please answer by placing an **X** in the appropriate box. Please add an explanation if requested to do so.

SECTION 1: BACKGROUND INFORMATION

1. Gender:

Male	Female

2. Age (in years):

18-20	
21-25	
26-33	
34-40	
41 and above	

3. Ethnicity (For statistical purposes only):

African	
Coloured	
Indian	
White	

Other (specify)	

4. Home language?

Afrikaans	
English	
IsiNdebele	
IsiXhosa	
IsiZulu	
Sepedi	
Sesotho	
Setswana	
Sign language	
SiSwati	
Tshivenda	
Xitsonga	
Other (specify)	

5. Marital status

Never married	
Married	
Divorced	
Widowed	
Separated	

6. Occupational status

Unemployed	
Employed part-time	
Employed full-time	
Self employed	
Housewife	
Pensioner	
Student	
Other	

7. Please indicate which area you come from.

Suburb	
Centre of town	
Former township	
Rural area	

8. Highest education

Less than matric	
Matric	
Diploma/degree	
Post graduate diploma/degree	
No schooling	

9. Income per month: (overall income)

No income	
Less than R500.00	
Less than R1 000.00	
R1 000-R2 999	
R3 000-R5 999	
R6 000-R9 999	
R10 000-R19 999	
R20 000-R29 999	
R30 000 or more	

10. General health status

Excellent	
Good	
Reasonable	
Poor	

11. Are you taking any medication at present?

Vitamin supplements	
Natural/herbal medicine	
Homoeopathic remedies	
Over the counter/no- prescription medications	
Prescription medications	

African traditional medicine	
Taking no medication	

SECTION 2: WHAT DO YOU KNOW ABOUT HOMOEOPATHY?

Please answer EACH statement by **ticking** the appropriate box:

2.1 Have you ever heard of homoeopathy?

Yes	
No	

If **No,** please skip 2.2 - 2.9 and go to Section 3.

2. 2 Where did you hear first about homoeopathy? Tick the appropriate box. More than one answer is permissible.

	YES	NO
Relative, friend or acquaintance		
Media (newspaper, television, radio, leaflets)		
Doctor or paramedical services, pharmacist, nurse, etc.)		
When doing this questionnaire now		
Other		

2.3 **Indicate below what you think a homoeopath does? Tick the appropriate box. More than one answer is permissible.**

	YES	NO
Takes blood pressure		
Stimulates the skin with sharp needles		
Boosts the immune system		
Usually prescribes painkillers		
Prescribes medicines that are diluted and shaken		
Can diagnose the majority of diseases		
Makes use of the remedies that can cause the same symptoms		
Makes use of antibiotic treatments		
Looks into people's eyes to make diagnoses		
Prescribes plant extract		
Emphasizes a healthy life style		
Usually prescribes a diet		
Can treat the majority of diseases		

2.4 **Do you agree with each of the statement concerning homoeopathy?**

	Yes	**No**	**Not sure**
Homoeopathy has scientific base			
The medicines do not contain chemical/drug material			
Medicines are made from plant only			
For the medicines to work you must believe in it			
Medicines have been tested through trial and error over many years			
Homoeopathic medicines have undergone clinical trials			
Homoeopathy works only on conditions that are not treatable by conventional medicine			
Homoeopathic medicines are safe to use in newborns and infants years			
Homoeopathic medicines are safe to be used in pregnancy			
Safe to be used by elderly people			

2.5 **In your opinion, do you think traditional healer (Inyanga/Isangoma) and a homoeopath do the same thing?**

Yes	
No	

Explain……

……

2.6 **Do you think homoeopaths undergo the same training as Inyanga/Isangoma?**

Yes	
No	

2.7 **Do you think homoeopaths work with spirits of the ancestors?**

Yes	
No	

2.8 **In the treatment of acute (short-lasting) conditions, do you think that homoeopathic medicines are?**

Not effective	
More effective than orthodox medicine	
Less effective than orthodox medicine	
As effective as orthodox medicine	
Do not know	

2.9 **In the treatment of chronic (long lasting) conditions, do you think that homoeopathic medicines are?**

Not effective	
More effective than orthodox medicine	
Less effective than orthodox medicine	
As effective as orthodox medicine	
Do not know	

SECTION 3: YOUR EXPERIENCE WITH THE HEALTH CARE PROFESSION.

Please answer by **ticking** the appropriate box in each category.

3.1 **To whom do you usually go for medical advice, or who do you usually consult when you feel ill or not feeling well?**

A general practitioner	
A medical specialist	
A homoeopath	
A healer (e.g. spiritual healer)	
Inyanga	
Isangoma	
Other	

If you ticked "Other", please explain: ……

3.2 **At present who is your primary health care provider?**

A general practitioner	
A medical specialist	
A homoeopath	
A healer (e.g. spiritual healer)	
Inyanga	
Isangoma	
Other	

If you ticked "Other", please explain: ……

3.3 **In your opinion, how applicable is EACH of the following statements for your health care provider. Tick the appropriate box. More than one answer is**

permissible.

Always	A
Sometimes	B
Never	C

	A	B	C
Prescribes medicine that make me feel better			
Listen to all I have to say about my illness or not feeling well			
Treats me as his/her equal			
Soon finds out what is wrong with me.			
Sympathizes with my problems			
Knows of the best treatment for my illness or indisposition			
Puts me at ease			
Prescribes medicine too easily			
Prescribes too many medicines			
Makes me feel as if he or she is hiding something from me			
Examines me thoroughly			
Merely wants to make money			
Discusses with me the treatment that he/she has in mind			
Is interested in me as an individual			
Diagnose the majority of ailments correctly			

3.4 **Have you ever consulted a homoeopath?**

Yes	
No	

If your answer is ``NO'' please go to question 3.7.1-3.

3.5 **How many times have you consulted with a homoeopath in the past?**

Once	
2-4 times	
5-9 times	
10 times or more	

3.6 **What made you decide to consult a homoeopath?**

Conventional medicine failed	
Homoeopathy is natural	
Personal recommendations (friend, family,GP,nurses etc	
Homoeopathic medicines are safe and have minimal side effects.	

3.7

3.7.1 **If you yourself have never consulted a homoeopath, what reason(s) would you give?**

Never heard of homoeopathy	
Have never needed their service	
Know too little about them	
Too expensive	
My medical aid scheme does not cover them	
I am unsure of their methods	
I have heard of their failures	
They are nothing but quacks	
Their training is not up to standard	

3.7.2 **If you have not consulted a homoeopath, would you consider doing so?**

Yes, I would consider consulting a homoeopath	
No, I would not consider doing so	
Not sure	

3.7.3 **If you answered "Yes" to 3.7.2 above, for which reason might you consider consulting a homoeopath?**

If conventional medicine failed	
If traditional medicine failed	
Homoeopathy is natural	
Homoeopathic medicines are safe and minimal side effects	

3.8 **Have you ever taken a homoeopathic medication before?**

Yes	
No	

3.9 If the answer is yes above, please answer the following question.

3.9.1 **How did you get it?**

Prescription by a homoeopathic doctor	
Over-The-Counter homoeopathic medication	
Friend/ relative	
Other	

3.10 **In your opinion, should homoeopathic treatment be offered as a treatment option for most medical conditions?**

Yes	
No	

3.11 **In your opinion, should homoeopathic treatment be available in hospitals and clinics?**

Yes	
No	

3.12 **In your opinion, will it be safe to be treated by a homoeopath in hospitals?**

Yes	
No	

3.13 **Do you think homoeopaths and traditional healers can work together?**

Yes	
No	

Explain……

……

3.14 **Would you be interested in learning more about homoeopathy?**

Yes	
No	

3.15 **Are there any other comments you would like to make?**

_____

_____

_____

_____

_____

THANK YOU FOR PARTICIPATING IN THIS STUDY

Appendix 5B: PERCEPTIONS TOWARD HOMOEOPATHY QUESTIONNAIRE:

ISIXHOSA **(isuselwe kweka Lamula 2010)**

Nceda ufake uphawu **X** kwimpendulo elungileyo ngokuphawula kwibhokisi efanelekileyo. Nceda ufake ingcaciso ukuba uceliwe ukuba wenze njalo.

ICANDELO 1: ULWAZI NGEMVELAPHI

1. ISINI

indoda	
bhinqa	

2. UBUDALA

18-20	
21-25	
26-33	
34-40	
41 nangaphezulu	

3. UBUHLANGA (ngenjongo yobalo kuphela)

nsundu	
nKhaladi	
nNdiya	
nhlophe	
unye (cacisa)	

4. **IWONGA LOMTSHATO**

Awuzange watshata	
Ushatile	
Qhawula umtshato	
Ungumhlolokazi	
Nihlukene	

5. WONGA LOMSEBENZI

Awusebenzi	
Usebenza ixesha eliphelele	
Usebenza ngamaxesha athile	
Uziqeshile	
Umama ongaphangeliyo	
Umhlalaphantsi	
Umfundi	

6. ULWIMI LWASEKHAYA

IsiXhosa	
Isingesi	
Sesotho	
Okunye	

7. IMFUNDO EPHEZULU

Ngaphantsi kwebanga leshumi	
Ibanga leshumi	
Idiploma/ idegree	
Isithwalandwe sesikhundla sediploma/degree	

Awufundanga	

8. NCEDA UBONISE INDAWO UHLALA KUYO

Ihlomela ledolophu	
Kwiziko lasedolophini	
Esakubizwa ngelokishi	
Emaphandleni	

9. INGENISO NGENYANGA (overall income)

Akukho ngeniso	
Ngaphantsi kuR500.00	
R1000-R2 999	
R3000-5 999	
R6000-R9 999	
R10000-R19 999	
R20000-R29 999	
R30000 nangaphezulu	

10. **IWONGA LEZEMPILO NGOKUBANZI**

Ebalaseleyo	
elungileyo	
Efanelekileyo	
Uyagula	

11. INGABA KUKHONA AMAYEZA OWATHATHAYO OKWANGOKU

Ewe	
Hayi	

Ukuba ewe :

Izongezelelo zevithamini	
Amayeza endalo	
Amayeza ehomeopathy	
Amayeza owathenge evenkile	
Amayeza ngokommiselo kagqirha	
Amayeza esintu	
Awuthathi mayeza	

ICANDELO 2: WAZI NTONI NGEHOMEOPATHY?

Nceda uphendule inkcazo nganye ngoku phawula ibhokisi efanelekileyo:

2.1 **UKHE WEVA NGEHOMEOPATHY?**

Ewe	
Hayi	

Ukuba impendulo yakho nguhayi ku 2.2-2.9 dlulela kwicandelo lesi 3.

2.2 **Uve phi ngehomeopathy? Faka uphawu kwibhokisi efanelekileyo. Uvumelekile ukukhetha iipendulo ezimbini nangaphezulu.**

	Ewe	Hayi
isalamane, umhlobo okanye abazana		
Eendaba (iphepha-ndaba, umabonakude unomathotholo, iphetshana)		
Ugqirha okanye umongikazi,usokhemisti etc.)		
Wazi ngoku xa uphendula ephepha-mibuzo		

Okunye		

2.**3 Bonisa ngezantsi ukuba ucinga ihomeopath yenza ntoni? Faka uphawu kwibhokisi efanelekileyo. Uvumelekile ukunika impendulo ezimbini nangaphezulu.**

	Ewe	Hayi
Thatha iblood pressure		
Khuthaza ulusu ngeenaliti		
Ixhasa amajoni omzimba		
Imisela iipilisi zentlungu		
Imisela amayeza axutyiweyo nazanyazanyisiweyo		
Ingaxilonga izifo ezinintsi		
Isebenzisa amayeza enza iimpawu ezifanayo		
Isebenzisa izibulala-ntsholongwane		
Uqalwasela abantu emehlweni ukuxilonga		
Imisela izicatshulwa zezityalo		
Igxininisa indlela yokuziphatha enempilo		
Imisela idayethi		
Ingayanga izifo ezahlukaneyo ezininzi		

2.4 **Uyavumela na nengcazo ngaye ngehomoeopathy?**

	Ewe	Hayi	Andiqinisekanga
Ihomeopathy inesiseko zesayensi			
Amayeza akaqulathanga iikhemikhali			
Amayeza ayinxalenye yezityalo kuphela			
Ukuze amayeza asebenze kufanelekile ukuba ukholelwe kuwo			
Amayeza ahlolwe ngokolingo lwezempilo kwiminyaka edlulileyo			
Amayeza ehomeopathy agqithe kulingo lwezonyango			

Ihomeopathy isebenza kwizifo ezinyangeka ngamayeza aqhelekileyo kuphela			
Amayeza ehomeopathy akhuselekile kwiintsana nakwabo abasanda ukuzwalwa			
Amayeza ehomeopathy akhuselekile ukuwasembenzisa xa ukhulelwe			
Amayeza ehomeopathy akhuselekile ukuwasebenzisa kwabo abakhulileyo/abadala			

2.5 NGOKOLUVO LWAKHO UCINGA IHOMEOPATH NAMAXHWELE AYAFANA?

Ewe	
Hayi	

Cacisa**……**
……
……..

2.6 UCINGA IHOMEOPATH NAMAXHWELE AQEQESHWA NGENDLELA EFANAYO?

Ewe	
Hayi	

2.7 **UCINGA IHOMEOPATH ISEBENZA NGOMOYA WEZINYANYA?**

Ewe	
Hayi	

2.8 NGOKO NYANGO LWEZIFO ZEXESHANA, UCINGA NTONI NGAMAYEZA EHOMEOPATHY?

Aluncedo okanye hayi	
Aluncedo ukudlula amayeza aqhelekileyo	
Aluncedo kodwa akadluli amayeza aqhelekileyo	
Anceda ngokufanayo namayeza aqhelekileyo	

Andazi	

2.9 NGOKO NYONGO LWEZIFO EZINGANYANGEKIYO ICINGA NTONI NGAMAYEZA EHOMEOPATHY

Aluncedo okanye hayi	
Aluncedo ukudlula amayeza aqhelekileyo	
Alncedo kodwa akadluli amayeza aqhelekileyo	
Anceda ngokufanayo namayeza aqhelekileyo	
Andazi	

ICANDELO 3: AMAVA AKHO NGOKO MSEBENZI WEZEMPILO

Nceda ufake uphawu kwimpendulo, ngokuphawula ibhokisi efanelekileyo

3.**1 NGUBANI OTHATHA KUYE IINGCEBISO ZEMPILO/ZOBUGRIRHA OKANYE UYA PHI UKUFUMANA UNCEDO XA UZIVA UNGAPHILANGA KAKUHLE?**

Ugqirha	
Ingcali yezongango	
Ihomeopath	
Igqirha	
Ixhwele	
Enye	

Okuba ukhethe 'Enye' nceda ucacise……

3.2 **NGUBANI OMNIKI WEZEMPILO OKUKHATHALELEYO NGOKU?**

Ngugqirha	
Ingcali yezonyango	
Ihomeopath	
Igqirha	
Ixhwele	
Enye	

Ukuba ukhethe ‘enye’ nceda
ucacise……..

3.3 **NGOKO LUVO LWAKHO YEYIPHI INDLELA ESEBENZAYO NGOKWEE NKCAZO EZILANDELAYO NOMNIKI-NYANGO WAKHO.**

faka uphawu kwibhokisi efanelekileyo. Impendulo enye nangaphezulu ivumelekile.

	A Rhoqo	B Ngamanye amaxesha	C Soze
Imisela amayeza andenza ndizive ndingcono			
Imamelo konke endifuna ukukutsho malunga nesigulo sam			
Indinyanga ngokufanelekileyo			
Ikhawuleza ukufumanisa okungalunganga ngam			
Uyavelana neengxaki zam			
Wazi unyango olufanelekileyo lwesigulo sam			
Idenza ndonwabe			
imisela amayeza lula			
Imisela amayeza amaninzi			
Idenza ndizive ngathi kukhona into andifihlela yona			
Ihlola ngokucokisekileyo			
Ukuna nje ukwenza imali			
Uxoxa nam lonke unyango angandinika lona			
Unomdla kum njengomntu ozimeleyo			
Ixilonga ezifo izininzi ngokuchanekileyo			

3.4 WAKHE WABONANA NEHOMEOPATH NGAPHAMBILI?

Ewe	
Hayi	

Ukuba impendulo yakho nguhayi dlulela kumibuzo 3.7.1-3

3.5 UKHE WABONANA KANGAPHI NEHOMEOPATH?

Kanye	
Kabini ukuya kane	
Kahlanu ukuya kwithoba	
Kalishumi nangaphezulu	

3.6 YINTONI EYENZA UTHATHE ISIGQIBO SOKUBA UBONANE NEHOMEOPATH?

Ayeza aqhelekileyo akaphumelelamga	
Ihomeopathy isebenzisa amayeza endalo/emvelo	
Ngokucetyiswa (ngumhlobo, nguqhirha, ngumomgikazi .)	
Amayeza ehomeopathy aqinikisekisa ukhuseleko	

3.7

3.7.1 UKUBA WENA UWUKAZE UBONANE NEHOMEOPATH INGABA SESIPHI ISIZATHU OKANYE IZIZATHU?

Andikaze ndive ngehomeopathy	
Andikaze ndidinge iinkonzo zabo	
Ndazi kancinane ngayo	
Iyadura	
Imedikhali ayidi yam iyikwazi ukubabhatala	
Andiqinisekanga ngendlela yabo yokusebemza	
Ndikhe ndeva ngukungaphumeleli kwamayeza ayo	
Abanakho	

Uqeqesho lwabo alukho mgangathweni	

3.7.2 UKUBA UWUKAZE UBONANE NEHOMEOPATH UBONA INGATHI UNGAKHE UBONANE NAYO?

Ewe	
Hayi	
Andiqinisekanga	

3**.7.3. UKUBA IMPENDULO YAKHO NGU EWE KU 3.7.2 , SESIPHI ISIZATHU ESINGAKWENZA UBONANE NEHOMEOPATH?**

Amayeza aqhelekileyo akaphumelelanga	
Amayeza esintu akaphumelelanga	
Ihomeopathy isebenzisa amayeza endalo/amvelo	
Amayeza ehomeopathy aqinisekisa ukhuseleko	

3.8 UKHE WATHATHA AMAYEZA EHOMEOPATHY NGAPHAMBILI?

Ewe	
Hayi	

3.9 **Ukuba impendulo yakho ngu ewe ngaphezulu, nceda uphendule lo mbuzo olandelayo.**

3.9.1 WAWAFUMANA NJANI?

Ngokumiselwa ngugqirha wehomeopathy	
Kumayeza ehomeopathy afumaneka ekhawutarini	
Umhlobo/isihlobo	
Enye	

3.10 NGOKO LUVO LWAKHO, UCINGO UNYANGO LWEHOMEOPATHY KUFANEKILE UKUBA LUNIKEZWE KWIZIFO EZININZI?

Ewe	
Hayi	

3.**11 NGOKO LUVO LWAKHO UCINGA UKUBA KUNELEKILE UKUBA AMAYEZA EHOMEOPATHY ABEKHONA EZIBHEDLELE NASE ZIKLINIKI?**

Ewe	
Hayi	

3.12 NGOKO LUVO LWAKHO INGABA KUKHUSELEKILE UKUNYANGWA ZIHOMEOPATH EZIBHEDLELE?

Ewe	
Hayi	

3.13 UCINGA UKUBA IIHOMEOPATH NAMAXHWELE ASABENZA KUNYE?

Ewe	
Hayi	

Cacisa…….....
.....
.....

3.14 INGABA UNOMDLA UKWAZI OKANYE UKUFUNDA NGEHOMEOPATHY KABANZI?

Ewe	
Hayi	

3**.15 INGABA ZIKHONA IZIMVO NGATHANDA UKUZITSHO**

.....

.....

SIYABULELA NGOKUTHATHA KWAKHO INXAXHEBA KOLU PHANDO.

Appendix 6: Statistician Invoice

Stanley Chibuzor Onwubu

INVOICE

DATE: 15 February 2019

INVOICE: 108

Bill to: Matokoloho Bolobolo

DESCRIPTION OF WORK	AMOUNT
Sorting of Data – 391 questionnaires R1000,00	
Graphs, Tables and Cross tabulation interpretation, – Analysis of output R3000,00 (SPSS package)	
TOTAL	**R4000,00 (excl of VAT)**

Banking Details :

Bank : Standard Bank

Branch : Durban University of Technology

Name of Acc holder : Mr S C Onwubu

Account No : 100 590 201 89

TAX number: 1922980170